

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90001 040 \*\*\*150.00

<b>DOCUMENT # P04000034035</b> 1. Entity Name <b>BAILEY AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>896 HWY 98 E</b> <b>DESTIN, FL 32541 US</b>			Mailing Address <b>896 HWY 98 E</b> <b>UNIT C703</b> <b>DESTIN, FL 32541 US</b>		
2. Principal Place of Business <b>896 Harbor Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>896 Harbor Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>		4. FEI Number <b>20-0770368</b>	
Zip <b>32541</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAILEY, RONALD L SR.</b> <b>1100 HWY 98 E</b> <b>UNIT C703</b> <b>DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature: Signature, typed or printed name of registered agent and title if applicable	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BAILEY, RONALD L SR. 1100 U.S. HWY 98 E UNIT C703 DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D BAILEY, BRENDA L 1100 U.S. HWY 98 E UNIT C703 DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				Ronald L. Bailey, Sr. President 03-01-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	