

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 048 ***150.00

DOCUMENT # P04000112250

1. Entity Name
R.J. BAILEY & ASSOCIATES, INC.



Principal Place of Business Mailing Address
8701 Phillips Hwy #340 8701 Phillips Hwy #340
JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

60019403



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5060 SOMERSBY RD 5060 SOMERSBY RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State City & State
JACKSONVILLE FL JACKSONVILLE FL
Zip Country Zip Country
32217 DUVAL 32217 DUVAL

4. FEI Number Applied For
20-1441329 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, ROBERT J
8701 Phillips Hwy #340
JACKSONVILLE, FL 32256

Name
Street Address (P.O. Box Number is Not Acceptable)
5060 SOMERSBY RD
City JACKSONVILLE FL FL Zip Code 32217

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BAILEY, ROBERT J
STREET ADDRESS 8701 PHILLIPS HWY, #340
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5060 SOMERSBY RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE DVP ☐ Delete
NAME BAILEY, BETH A
STREET ADDRESS 8701 PHILLIPS HWY, #340
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5060 SOMERSBY RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07

Date

904-982-0637

Daytime Phone #