2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90045 010 ***150.00

DOCUMENT # P04000172013

1. Entity Name
PARKING LOTS BY ANDY BAILES, INC.

Principal Place of Business	Mailing Address
PO BOX 402 SANDERSON, FL 32087	PO BOX 402 SANDERSON, FL 32087

02242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9171 N. Co Rd 229	PO Box 402
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanderson	City & State: Florida
Zip: 32087 Country: USA	Zip: 32087 Country: USA

4. FEI Number: X 52-2448351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALONEY, FRANK E JR
445 E. MACCLENNY AVENUE
MACCLENNY, FL 32063

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 William A. Bailes 4/1/05
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILES, ANDY 9171 N COUNTY RD 229 SANDERSON, FL 32087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mailing Address PO Box 402 Sanderson FL 32087	☒ Change ☒ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William A. Baile 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #