

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052821

FILED
Feb 16, 2009
Secretary of State

Entity Name: BAILEY'S STRIPING & SEALCOATING CO.,INC.

Current Principal Place of Business:

5331 MARYANN LANE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 607326
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1085289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAILEY, SHAUN WILLIAM
5331 MARYANN LANE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: BAILEY, WANNETTA J
Address: 5331 MARYANN LANE
City-St-Zip: ORLANDO, FL 32810

Title: VPD () Delete
Name: BAILEY, SHAUN W
Address: 5331 MARYANN LANE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: BAILEY, SHAUN W
Address: 5331 MARYANN LANE
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN WILLIAM BAILEY

PTSD

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date