
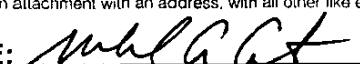


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90048 047 ***150.00

DOCUMENT # P92000013480 1. Entity Name BAILEY BRANCH, INC.					
Principal Place of Business 6211 SE HORTON DRIVE ARCADIA, FL 34266 US			Mailing Address 6211 SE HORTON DRIVE ARCADIA, FL 34266 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORTON, CLARA C 6211 SE HORTON DRIVE ARCADIA, FL 34266			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, EDMOND W		NAME		
STREET ADDRESS	6211 SE HORTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, CLARA C		NAME		
STREET ADDRESS	6211 SE HORTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, LAVENIA L		NAME		
STREET ADDRESS	6211 SE HORTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, MICHAEL A		NAME		
STREET ADDRESS	6211 SE HORTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  Michael A. Carter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/11/2005 Daytime Phone #: 863 990-7529		