2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000013480

1. Entity Name
BAILEY BRANCH, INC.

Principal Place of Business	Mailing Address
6211 SE HORTON DRIVE ARCADIA, FL 34266 US	6211 SE HORTON DRIVE ARCADIA, FL 34266 US

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0377825
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORTON, CLARA C
6211 SE HORTON DRIVE
ARCADIA, FL 34266

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	HORTON, EDMOND W
STREET ADDRESS	6211 SE HORTON DRIVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DP
NAME	HORTON, CLARA C
STREET ADDRESS	6211 SE HORTON DRIVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DS
NAME	CARTER, LAVENIA L
STREET ADDRESS	6211 SE HORTON DRIVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DT
NAME	CARTER, MICHAEL A
STREET ADDRESS	6211 SE HORTON DRIVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael A. Carter 4/19/2006 863-990-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #