2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000014576 BAILEY PUBLISHING & COMMUNICATIONS, INC. Principal Place of Business Mailing Address 10 N. NEWNAN ST. 10 N. NEWNAN ST. P. O. BOX 1769 P. O. BOX 1769 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 03082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3302191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAILEY, JAMES F JR DO NOT WRITE 10 N NEWNAN ST JACKSONVILLE, FL 32202 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and tide if applicable (NOTE, Registered Agent signature required when reinstating) U000000099864 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/31/04-80021-019 150.00 OFFICERS AND DIRECTORS 10. TITLE BAILEY, JAMES F NAME 10 N. NEWNAN ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 អាមា ៩ NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CXTY-ST-ZXP BILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report or supplier gental 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 of the stee 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 attackment with an address, withfull other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data Daytime Phone #

FILED