

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90010 042 ***150.00

DOCUMENT # P95000021498

1. Entity Name

BAILEY ENTERPRISES OF TAMPA, INC.



Principal Place of Business,

10322 VENITIA REAL AVE
APT 307
TAMPA FL 33647

Mailing Address

10322 VENITIA REAL AVE
APT 307
TAMPA FL 33647

07001100



MOORE CR2E034 (11/03)

2. Principal Place of Business

Pamper Stop
Suite, Apt. #, etc.
146 W. Robertson
City & State
Brandon
Zip
33611 Country
FL US

3. Mailing Address

10326 Venetia Real Ave
Suite, Apt. #, etc.
Apt 309
City & State
Tampa
Zip
33647 Country
U.S

4. FEI Number **59-3313607**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, JOHN W
10326 VENITIA REAL AVE
APT #307
TAMPA FL 33647

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BAILEY, BARBARA	
STREET ADDRESS	10326 VENITIA REAL AVE APT 307	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John W. Bailey* **JOHN W. Bailey** 7-7-04 361-0639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#P15000021498

5/2/06/159

To whom it may concern;

My original annual report was either lost in the mail or sent to the wrong address. I called to Tallahassee inquiring about my renewal report and was instructed to write this note of explanation to avoid paying late fees.

Thank you

John Bailey