

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050939

**FILED**  
**Feb 20, 2005**  
**Secretary of State**

**Entity Name:** BAILLERGEON ENTERPRISES, INC.

**Current Principal Place of Business:**

910 N. PEBBLE BEACH BLVD.  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

3896 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

912 LA JOLLA AVE.  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

3896 SUN CITY CENTER BLVD.  
RUSKIN, FL 33573

**FEI Number:** 65-0644436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILLERGEON, SIMONE M  
910 N. PEBBLE BEACH BLVD.  
SUN CITY CENTER, FL 33573 US

**Name and Address of New Registered Agent:**

BAILLERGEON, SIMONE M  
3896 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573 US

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: \_\_\_\_\_

02/20/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BAILLERGEON, SIMONE M  
Address: 912 LAJOLLA AVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete  
Name: BAILLERGEON, FRED  
Address: 912 LAJOLLA AVE  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIMONE M. BAILLERGEON

PRES

02/20/2005

Electronic Signature of Signing Officer or Director

Date