


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000091602
 1. Entity Name
BAILEY ENTERPRISES OF NORTH FLORIDA, INC.



Principal Place of Business Mailing Address
4021 HALLIDAY LN **4021 HALLIDAY LN**
JACKSONVILLE, FL 32207 **JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3412003 Not Applicable

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

6. Name and Address of Current Registered Agent
BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE, FL 32202

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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 _____
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

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

U00000153625
 05/04/04-80132-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TATUM, SHARON B
STREET ADDRESS	2190 WOODS RIVER LN
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	VP
NAME	BAILEY, HENRY CLAY III
STREET ADDRESS	4021 HALLIDAY LN
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	BAILEY, JOHN W
STREET ADDRESS	4021 HALLIDAY LN
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	BAILEY, DONALD R
STREET ADDRESS	4021 HALLIDAY LN
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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 exemption stated in Section 119.07(3)(f), 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:  4/30/2004 704-99-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #