

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000056450

1. Entity Name  
J. A. BAILEY CORP.



**FILED  
Apr 18, 2006 8:00 am  
Secretary of State**

04-18-2006 90085 019 \*\*\*150.00

Principal Place of Business  
3611 CR 214  
OXFORD, FL 34484

Mailing Address  
P O BOX 469  
OXFORD, FL 34484

2. Principal Place of Business  
3649 CR 214

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34484

Country USA

Zip

Country

4. FEI Number  
59-3487203

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EGERTON, CHARLES H  
800 N. MAGNOLIA AVE., STE. 1500  
ORLANDO, FL 32803

Name JAMES A BAILEY

Street Address (P.O. Box Number is Not Acceptable)

3649 CR 214

City OXFORD

FL

Zip Code 34484

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)

4/13/06

DATE

**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 D  
NAME BAILEY, JAMES A  
STREET ADDRESS 3611 CR 214  
CITY-ST-ZIP OXFORD, FL 34484

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JAMES A BAILEY  
STREET ADDRESS 3649 CR 214  
CITY-ST-ZIP OXFORD, FL 34484

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #