

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000056454

1. Entity Name
C. W. BAILEY, JR. CORP.



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
OXFORD, FL
34484

City & State

Zip 34484 Country USA

Zip Country

6. Name and Address of Current Registered Agent

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

4. FEI Number
65-0777815
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name BAILEY, C. WINSTON JR
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 *C. Winston Bailey Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/13/06*

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	BAILEY, C. WINSTON JR.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4809 E. COUNTY RD., 466		
STREET ADDRESS	OXFORD, FL 34484		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<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 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: *C. Winston Bailey Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 352-748-6062
Date Daytime Phone #