

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037051	
1. Entity Name BAILEY'S WASHER AND DRYER SALES AND SERVICE, INC.	



Principal Place of Business 714 W. JEFFERSON ST. BROOKSVILLE, FL 34601 US	Mailing Address 714 W. JEFFERSON ST. BROOKSVILLE, FL 34601 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511639	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JONES, JAMES R JR.
7141 MARINER BLVD.
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAILEY, JAMES N 714 W JEFFERSON STREET BROOKSVILLE, FL 34601
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08/12/04-80005-009 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: James N. Bailey James N. Bailey Pres 8-1-04 352585-6458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #