

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90006 007 \*\*\*150.00

**DOCUMENT # P98000069547**

1. Entity Name

NED BAILEY, INC.



Principal Place of Business

COASTAL HWY  
PANACEA FL 32346

Mailing Address

PO BOX 1019  
PANACEA FL 32346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BAILEY, NED E  
1315 COASTAL HWY  
PANACEA FL 32346

7. Name and Address of New Registered Agent

Name

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

RR1 Box 498

City

Madison

FL

Zip Code  
32340

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

*Ned Bailey*

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BAILEY, NED E  
STREET ADDRESS PO BOX 1019  
CITY-ST-ZIP PANACEA FL 32346

TITLE VP ☐ Delete  
NAME BAILEY, NATALIE  
STREET ADDRESS PO BOX 1019  
CITY-ST-ZIP PANACEA FL 32346

TITLE D ☐ Delete  
NAME BAILEY, NEIL  
STREET ADDRESS PO BOX 1019  
CITY-ST-ZIP PANACEA FL 32346

TITLE V ☒ Delete  
NAME CRAWFORD, JEAN MARIE  
STREET ADDRESS PO BOX 1019  
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Ned Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

524 2900

Date

Daytime Phone #