

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90221 042 ***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

735 Sw Deland Loop

Suite, Apt. #, etc.

3. Mailing Address

Samas 2

Suite, Apt. #, etc.

City & State

Greenville FL

City & State

Zip

32331

Country

Zip

Country

4. FEI Number

59-3526430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, NED E
RR1 BOX 498
MADISON FL 32340
735 Sw Deland Loop
Greenville, FL 32331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 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	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, NED E	
STREET ADDRESS	PO BOX 1019	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, NATALIE	
STREET ADDRESS	PO BOX 1019	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, NEIL	
STREET ADDRESS	PO BOX 1019	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bayley, Ned E	
STREET ADDRESS	735 Sw Deland Loop	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bayley, Natalie	
STREET ADDRESS	735 Sw Deland Loop	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ned E. Bailey
Ned E. Bailey
Managing Director

2-20-05

Date

5242900

Daytime Phone #