

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90004 019 \*\*\*150.00

<b>DOCUMENT # P99000111545</b>					
<b>1. Entity Name</b> C. A. BAILES, P.A.					
<b>Principal Place of Business</b> 1307 E. NORMANDY BLVD., STE. 1 DELTONA, FL 32725			<b>Mailing Address</b> 1307 E. NORMANDY BLVD., STE. 1 DELTONA, FL 32725		
<b>2. Principal Place of Business - No P.O. Box #</b> 250 Springview Commerce Dr Suite, Apt. #, etc. Suite 600 City & State DeBary FL Zip 32713 Country USA		<b>3. Mailing Address</b> 250 Springview Commerce Dr Suite, Apt. #, etc. Suite 600 City & State DeBary FL Zip 32713 Country USA		40054100  	
<b>4. FEI Number</b> 59-3615111		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  RATHBUN, CATHERINE A 1307 E. NORMANDY BLVD., STE. 1 DELTONA, FL 32725			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 250 Springview Commerce Dr Suite 600 City DeBary FL Zip Code 32713		
<b>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.</b>  SIGNATURE <u>Catherine A Rathbun</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATHBUN, CATHERINE A 1307 E. NORMANDY BLVD STE 1 DELTONA, FL 32725 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Springview Commerce Dr # 600 DeBary FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Catherine A Rathbun</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					