

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91064 010 ***150.00

DOCUMENT # S05358 1. Entity Name D. & J. BAILEY, INC.			
Principal Place of Business 3863-B S NOVA RD PT ORANGE, FL 32127		Mailing Address 3863-B S NOVA RD PT ORANGE, FL 32127	
2. Principal Place of Business 3863-B South Nova Rd. Suite, Apt. #, etc.		3. Mailing Address 3863-B South Nova Rd. Suite, Apt. #, etc.	
City & State Port Orange, Florida Zip 32127		City & State Port Orange, Florida Zip 32127	
Country USA		Country USA	
4. FEI Number 59-3033781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, JUDITH A 3863-B S NOVA RD PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Donald Bailey Street Address (P.O. Box Number is Not Acceptable) 3863-B South Nova Rd. City Port Orange	
State FL		Zip Code 32127	
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 <u>Donald Bailey</u> DATE 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BAILEY, JUDITH A. <input checked="" type="checkbox"/> Delete 3863-B S NOVA RD PORT ORANGE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Donald Bailey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3863-B S. NOVA RD. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Treasurer <input type="checkbox"/> Delete Donald Bailey 3863-B South Nova Rd Port Orange, FL. 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: <u>Donald Bailey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-28-04 Daytime Phone # 386/290-5526	