


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 008 ***150.00

DOCUMENT # V12954 1. Entity Name BAILEY, BAILEY & BAILEY REAL ESTATE EXECUTIVES, P.A.																											
Principal Place of Business 17730 OAK BRIDGE ST TAMPA, FL 33618 US			Mailing Address 16528 N. Dale Mabry Hwy. 3355 BEARSS AVE TAMPA, FL 33618 US																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.																									
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3106158																							
Zip 33618		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa State FL Zip Code 33618																								
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>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:20%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>P BAILEY, DE FORREST P</td> <td>17730 OAK BRIDGE STREET</td> <td>TAMPA, FL 33647</td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		P BAILEY, DE FORREST P	17730 OAK BRIDGE STREET	TAMPA, FL 33647	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:20%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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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>Barbara Bailey</u> <u>Barbara Bailey</u> <u>3/23/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											