

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 035 ***158.75

DOCUMENT # 690858 1. Entity Name BAKER AND LINDSEY, INC.					
Principal Place of Business 26-B RACETRACK RD NW STE 8 FT WALTON BCH, FL 32547 US			Mailing Address 26B RACETRACK RD NW P. O. BOX 4760 FT. WALTON BEACH, FL 32549-4760 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2124279				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBSTER, MICHAEL 12 OLD FERRY ROAD SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name E. GARY WORK Street Address (P.O. Box Number is Not Acceptable) SUITE 47 B 4400 BAYON BLVD City PENSACOLA FL Zip Code 32503		
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 <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, 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	PD BAKER, BRADLEY R. 92 HARRIS RD NE FT WALTON BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	895 THE MASTERS BLVD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV LINDSEY, HELEN L. 92 HARRIS RD NE FT. WALTON BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	895 THE MASTERS BLVD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSEY, HELEN L. 92 HARRIS RD NE FT. WALTON BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	895 THE MASTERS BLVD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, JAMES M 207 LINDA COVE FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	254 VENTURA CIRCLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: 1/19/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					