

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 031 ***158.75

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1. Entity Name
BASELINE CONSULTANTS, INC.



Principal Place of Business
#1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 35209-2653

Mailing Address
#1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 35209-2653

60003622



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1178249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME CP
JONES, DAVID
STREET ADDRESS
CITY-ST-ZIP #1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 352092653

TITLE
NAME VCVP
COLLINS, SCOTT W
STREET ADDRESS
CITY-ST-ZIP #1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 352092653

TITLE
NAME ST
~~COLLINS, SCOTT W~~ J. Lee Edmonds
STREET ADDRESS
CITY-ST-ZIP #1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 352092653

TITLE
NAME UP
Terry Edmonds
STREET ADDRESS
CITY-ST-ZIP address Same

TITLE
NAME UP
Patrick Duke
STREET ADDRESS
CITY-ST-ZIP address Same

TITLE
NAME UP
Cnad Robertson
STREET ADDRESS
CITY-ST-ZIP address Same

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janine Lott

Date

1-11-06 205-986-5932

Daytime Phone #