


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K58137  
1. Entity Name  
BAKER PARTS AND SUPPLY, INC



Principal Place of Business      Mailing Address  
1304 GEORGIA AVE      PO BOX 157  
BAKER, FL 32531 US      BAKER, FL 32531 US

**DO NOT WRITE IN THIS SPACE**



08012005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2925982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
BRUNSON, JOSEPH M.  
CORNER OF 16TH ST. AND MONROE AVENUE  
BAKER, FL 32536

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCT BRUNSON, JOSEPH M. 5760 MONROE STREET BAKER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BRUNSON, WILLIAM D. 7589 PEACOCK RD. BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRUNSON, ROCHELLE 5760 MONROE STREET BAKER, FL
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08/05/05-80005-020 150.00

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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)(f), 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: William D. Brunson      850-537-4231    8-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #