## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 19, 2007 08:00 AM
Secretary of State

| DOCUMENT # P02 | 000049596 | ŝ |
|----------------|-----------|---|
|----------------|-----------|---|

1. Entity Name

RYAN BAKER PAINTING, INC.



Principal Place of Business

Mailing Address

27225 SAN MARINO DRIVE PUNTA GORDA, FL 33983 27225 SAN MARINO DRIVE PUNTA GORDA, FL 33983

## 

04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3661996 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

| 6. | Name | and Ad | idress of | Current | Reg | stered | Agen | t |
|----|------|--------|-----------|---------|-----|--------|------|---|
|    |      |        |           |         |     |        |      |   |

BAKER, RYAN S 27225 SAN MARINO DRIVE PUNTA GORDA, FL 33983

## DO NOT WRITE IN THIS SPACE

|   |   |  |      | •••                            | THIS STAGE                |  |  |
|---|---|--|------|--------------------------------|---------------------------|--|--|
| 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   |   |  |      |                                |                           |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ny 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan<br>Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees |                           |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |      | ·                              |                           |  |  |
| TITLE   | D   |  |      |                                |                           |  |  |
| NAME  | BAKER, RYAN S   |  |      |                                | •                         |  |  |
| STREET ADDRESS  | 27225 SAN MARINO DRIVE                                      |  |      |                                |                           |  |  |
| CITY-ST-ZIP   | PUNTA GORDA, FL 33983                                       |  | _    |                                |                           |  |  |
| TITLE   | D   |  |      |                                |                           |  |  |
| NAME  | BAKER, AIMEE S  |  |      |                                |                           |  |  |
| STREET ADDRESS  | 27225 SAN MARINO DRIVE                                      |  |      |                                |                           |  |  |
| CITY-ST-ZIP   | PUNTA GORDA, FL 33983                                       |  |      |                                |                           |  |  |
| TITLE   | T   | i  |      |                                |                           |  |  |
| NAME<br>OTREET LORDERO  | ORR, MITCH  |  | l    |                                |                           |  |  |
| STREET ADDRESS CITY-ST-ZIP  | 21261 WASHBURN AVE.   |  |      | DO                             | NOT WRITE                 |  |  |
|   | PORT CHARLOTTE, FL 33952                                    | <del></del>  |      |                                |                           |  |  |
| TITLE   |   |  | •    | IN '                           | THIS SPACE                |  |  |
| NAME<br>STREET ADDRESS  |   |  |      |                                |                           |  |  |
| CITY-ST-ZIP   |   |  |      |                                |                           |  |  |
|   |   |  |      |                                |                           |  |  |
| TITLE<br>Name   |   |  |      |                                |                           |  |  |
| STREET ADDRESS  |   |  |      |                                | U00000716785              |  |  |
| CITY-ST-ZIP   |   | İ  |      |                                | 04/30/07-80021-018 150.00 |  |  |
| TITLE   |   |  | ŀ    |                                |                           |  |  |
| NAME  |   |  | Ī    |                                |                           |  |  |
| STREET ADDRESS  |   |  | l    |                                |                           |  |  |
| Officer Address   |   |  |      |                                |                           |  |  |

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 ceth; 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 gliep like empowered.

SIGNATURE:

DANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 941-743-6335