


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90317 045 \*\*\*150.00

**DOCUMENT # P02000112122**

1. Entity Name  
**BAKER BARRIOS ARCHITECTS, P.A.**



Principal Place of Business  
 300 S ORANGE AVE STE 900  
 ORLANDO, FL 32801

Mailing Address  
 300 S ORANGE AVE STE 900  
 ORLANDO, FL 32801

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1653611** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODGERS, RICHARD A**  
**301 E PINE ST STE 1400**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, <del>FOR</del> <i>Timothy</i>		NAME BAKER, TIMOTHY R.	
STREET ADDRESS 300 S ORANGE AVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32801		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE VP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRIOS, CARLOS		NAME	
STREET ADDRESS 300 S ORANGE AVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32801		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** \_\_\_\_\_ **4/ /04 407-926-3000**

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

