


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90051 021 ***150.00

DOCUMENT # P95000044928

1. Entity Name
BAKER'S EXPRESS, INC.



Principal Place of Business
**210 UNIVERSITY DR
 SUITE 900
 CORAL SPRINGS, FL 33071**

Mailing Address
**PO BOX 770668
 CORAL SPRINGS, FL 33077-0668**

2. Principal Place of Business
925 S. Federal Hwy

3. Mailing Address
925 S. Federal Hwy

Suite, Apt. #, etc.
Suite 715

Suite, Apt. #, etc.
Suite 715

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country

Zip
33432

Country



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**WEICHOLZ, STEPHEN
 210 UNIVERSITY DR
 STE 900
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **Stephen Weicholz**

Street Address (P.O. Box Number is Not Acceptable)
925 S. Federal Hwy

Suite 715

City **Boca Raton** FL Zip Code **33432**

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 *Stephen Weicholz* PRES. DATE **1/12/04**

Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WEICHOLZ, STEPHEN 210 UNIVERSITY DRIVE, SUITE 900 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Stephen Weicholz 925 S. Federal Hwy Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen Weicholz* PRES. DATE **1/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #