

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88855

FILED
Feb 03, 2004
Secretary of State

Entity Name: BAKER-HARRIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1634-C METROPOLITAN BLVD.
P. O. BOX 3785
TALLAHASSEE, FL 32315

New Principal Place of Business:

1634-C METROPOLITAN BLVD.
P. O. BOX 3785
TALLAHASSEE, FL 32308

Current Mailing Address:

1634-C METROPOLITAN BLVD.
P. O. BOX 3785
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-1958106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, DREXAL N
1634-C METROPOLITAN BLVD.
TALLAHASSEE, FL 32315

Name and Address of New Registered Agent:

HARRIS, DREXAL N
1634-C METROPOLITAN BLVD.
TALLAHASSEE, FL 32308

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.

SIGNATURE: _____

02/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, DREXAL N,
Address: 2527 BETTON WOODS DR
City-St-Zip: TALLAHASSEE, FL

Title: STD () Delete
Name: HARRIS, JEANNE H,
Address: 2527 BETTON WOODS DR
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: HARRIS, HUNTER H
Address: 4083 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, DREXAL N,
Address: 2527 BETTON WOODS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD (X) Change () Addition
Name: HARRIS, JEANNE H,
Address: 2527 BETTON WOODS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: HARRIS, HUNTER H
Address: 4083 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREXAL N HARRIS

PD

02/03/2004

Electronic Signature of Signing Officer or Director

Date