

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000032501

**Entity Name:** KEVIN BAKERS' RENOVATIONS, INCORPORATED

**Current Principal Place of Business:**

1505 CRUM ST  
STARKE, FL 32091

**Current Mailing Address:**

1505 CRUM ST  
STARKE, FL 32091

**FEI Number: 04-3629678**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKER, KEVIN L  
1505 CRUM ST  
STARKE, FL 32091 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name BAKER, KEVIN L  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

Title VP  
Name BAKER, FAWN R  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

Title OFFICER  
Name BAKER, TAYLOR J  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

Title OFFICER  
Name BAKER, BRADEN L  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

Title OFFICER  
Name BAKER, LOAGAN D  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

Title OFFICER  
Name BAKER, COLBEY I  
Address 1505 CRUM ST  
City-State-Zip: STARKE FL 32091

*I hereby 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 all other like empowered.*

**SIGNATURE: FAWN BAKER**

**VP**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date