

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 293210**

1. Entity Name  
**BAKERS PROPERTIES, INC.**



Principal Place of Business  
**6106 CR 44 A  
WILDWOOD, FL 34785 US**

Mailing Address  
**PO BOX 935  
WILDWOOD, FL 34785-935 US**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1104775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAKER, CARLETON H  
6086 C 44A  
WILDWOOD, FL 34785**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	P BAKER, CARLTON H 6086 C 44A WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, CAROLYN B 5181 CR 472 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUMONT, JUNE B 5048 CR 466-A WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABATINO, CHARLOTTE B 11125 BYRD CT FAIR FAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000396136  
01/27/06-80021-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Bakers Properties, Inc.*

*Carolyn B. Moore & Carolyn B. Moore Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-20-06 352-748-3533*