



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 293210 1. Entity Name BAKERS PROPERTIES, INC.	
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Principal Place of Business 6106 CR 44 A WILDWOOD, FL 34785 US	Mailing Address PO BOX 935 WILDWOOD, FL 34785-935 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1104775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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IN THIS SPACE**

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02/20/07-80018-013 150.00

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 Moore Treasurer 2-8-2007 352-748-3533

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