

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 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**

**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1104775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

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, 2008 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

U00000831675  
02/27/08-80029-022 150.00

**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. by Carolyn Moore, Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08 352.748-3533  
Date Daytime Phone #