

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293210

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BAKERS PROPERTIES, INC.

## Current Principal Place of Business:

6106 CR 44 A  
WILDWOOD, FL 34785 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 935  
WILDWOOD, FL 34785935 US

## New Mailing Address:

FEI Number: 59-1104775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAKER, CARLTON H,  
Address: 6086 C 44A  
City-St-Zip: WILDWOOD, FL 34785

Title: T ( ) Delete  
Name: MOORE, CAROLYN B  
Address: 5181 CR 472  
City-St-Zip: OXFORD, FL 34484

Title: S ( ) Delete  
Name: BEAUMONT, JUNE B,  
Address: 5048 CR 466-A  
City-St-Zip: WILDWOOD, FL 34785

Title: V ( ) Delete  
Name: SABATINO, CHARLOTTE, B  
Address: 11125 BYRD CT  
City-St-Zip: FAIR FAX, VA 22030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN B MOORE

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date