

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 046 ***150.00

DOCUMENT # 355830

1. Entity Name

BAIR'S ELECTRONICS SERVICE, INC.



Principal Place of Business

557 S.E. AVE. E
BELLE GLADE FL 33430

Mailing Address

557 DR. MLK JR BLVD EAST
BELLE GLADE FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1278763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIR, GLENN E.
557 ML KING JR BLVD E
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name DONNA C BAIR

Street Address (P.O. Box Number is Not Acceptable)

1037 TABIT RD

City Belle Glade

FL

Zip Code

33430

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 Donna C Bair, Donna C. BAIR, Treasurer

3-13-07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAIR, GLENN EUGENE	
STREET ADDRESS	557 S.E. AVENUE E	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMILLAN, JUDITH ANN	
STREET ADDRESS	716 N.W. 2ND ST.	
CITY-STATE-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAIR, DONNA C.	
STREET ADDRESS	1037 TABIT ROAD	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAIR, GLENN E III	
STREET ADDRESS	557 SE AVE E	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIR, SHELLI	
STREET ADDRESS	P.O. BOX 2625	
CITY-STATE-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna C Bair, Donna C. BAIR, Treasurer

3-13-07

361-996-7687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #