


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # 609620 1. Entity Name BAKER'S NURSERY, INC.		
Principal Place of Business 3408 COLWELL AVE TAMPA, FL 33614-1615 US	Mailing Address 3408 COLWELL AVE TAMPA, FL 33614-1615 US	



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1886254	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, DALE
3407 W KENYON AVE
TAMPA, FL 33614**

**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, 2004 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	PD BAKER, DALE 3407 W KENYON AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BAKER, AMY M. 3407 W KENYON AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/09/04-80017-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dale E. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 8139326527

Date Daytime Phone