2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820881

Entity Name: BAIRD HOMES OF LAKELAND, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3495 US HYW 441 FRUITLAND PARK, FL 34731 **Current Mailing Address: New Mailing Address:** 3495 US HYW 441 FRUITLAND PARK, FL 34731 FEI Number: 35-1092901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUMPHREY, DEAN RA 35800 GRAYS AIRPORT RD S FRUITLAND PK, FL 34731 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WICHMAN, CAROL B D Name: Name: 7955 N, 700 W Address: Address: City-St-Zip: FAIRLAND, IN 46126 US City-St-Zip: Title: Title: () Delete () Change () Addition HUMPHREY, DEAN, Name: Name: 35800 GRAY AIRPORT RD., SOUTH Address: Address: FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition HUMPHREY, MICHAEL BRENT STD Name: Name: P O BOX 242 Address: Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: Title: VD () Delete Title: () Change () Addition BAIRD, ERNEST E VD Name: Name: Address: P. O. BOX 507 Address: City-St-Zip: SALEM, IN 47167 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL BRENT HUMPHREY S/T 01/14/2009

HUMPHREY, JONATHAN M 2VPD

FRUITLAND PARK, FL 34731 US

37139 SHADOW WOOD LANE

Name:

Address: City-St-Zip: