

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90074 009 ***150.00

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1. Entity Name
BASELINE CONSULTANTS, INC.



Principal Place of Business
**#1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 35209-2653**

Mailing Address
**#1 INDEPENDENCE PLAZA, STE. 700
HOMEWOOD, AL 35209-2653**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1178249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SP Pres.**
NAME **JONES, DAVID**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE. 700**
CITY-ST- ZIP **HOMEWOOD, AL 352092653**

TITLE **ST VP/SEC.**
NAME **EDMONDS, J. LEE**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE. 700**
CITY-ST- ZIP **HOMEWOOD, AL 352092653**

TITLE **ST VP**
NAME **COLLINS, SCOTT W**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE. 700**
CITY-ST- ZIP **HOMEWOOD, AL 352092653**

TITLE **VP VP**
NAME **EDMONDS, TERRY**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE 700**
CITY-ST- ZIP **HOMEWOOD, AL 35209**

TITLE **VP VP**
NAME **DUKE, PATRICK**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE 700**
CITY-ST- ZIP **HOMEWOOD, AL 35209**

TITLE **VP VP**
NAME **ROBERTSON, CHAD**
STREET ADDRESS **#1 INDEPENDENCE PLAZA, STE. 700**
CITY-ST- ZIP **HOMEWOOD, AL 35209**

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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: **J. LEE EDMONDS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

255-802-7370
Daytime Phone #