2007 FOR PROFIT CORPORATION - : ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

10/2007

Daytime Phone #

DOCUMENT # F92146 1. Entity Name RICHARD W. BAKER, P.A.								01-18-2007 90111 040 ***150.00				
Principal Place of Business 2535 SUCCESS DR				Mailing Address 2535 SUCCESS DR				_				
ODESSA, FL 33556 US				ODESSA, FL 33556 US					. INCIN (CONC. 1101) DEPIN DI			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01102007	Chg-P	CR2E0	34 (12/06)	
City & State				С	ity & State			4. FEI Numbe 59-221			_ 	plied For t Applicable
Zip	Country						ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address	of Current I	Regist	ered Agent		7. Name and Address of New Registered Agent Name					
BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556						Street Address	(P.O. Box Number	er is Not Acceptable))			
							City FL Zip Code					e
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, yourd or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.								5.00 May Be ded to Fees				
10.	OFFICERS AND							ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2535 SU	RICHARD W CCESS DR FL 33566									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	☐ Delete						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	THE NAM STRI	Æ				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			□ Delete	(IIIL NAM SIRI	E				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Delete						☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 it 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 attaghment with an address, with all other like empowered.												