


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90007 028 \*\*\*150.00

<b>DOCUMENT # G23453</b>	
1. Entity Name <b>BRUCE BALDWIN AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>2151 N.E. COACHMAN RD CLEARWATER FL 33765 US</b>	Mailing Address <b>2151 N.E. COACHMAN RD CLEARWATER FL 33765 US</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>28471 U.S. 19 North</b>	3. Mailing Address <b>28471 U.S. 19 North</b>
Suite, Apt. #, etc. <b>Suite 517</b>	Suite, Apt. #, etc. <b>Suite 517</b>

1st MOORE CR2E034 (10/07)

City & State <b>Clearwater, FL</b>	City & State <b>Clearwater, FL</b>
Zip <b>33761</b>	Country <b>USA</b>

4. FEI Number <b>59-2265092</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>BALDWIN, BRUCE, C 2151 N.E. COACHMAN RD CLEARWATER FL 33765</b>
---

7. Name and Address of New Registered Agent Name <b>Baldwin, Bruce C</b> Street Address (P.O. Box Number is Not Acceptable) <b>28471 U.S. 19 North</b> Suite 517 City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</b>
---

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALDWIN, BRUCE C. 2151 NE COACHMAN RD CLEARWATER FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28471 U.S. 19 North, Suite 517 Clearwater, FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce C. Baldwin **Bruce C. Baldwin** OFFICER OR DIRECTOR **Feb. 4, 2008** **(727)443-0443**  
Signature, typed or printed name of officer or director Date Daytime Phone #