

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90408 035 \*\*\*158.75

**DOCUMENT # G71777**

1. Entity Name  
**FOREST PARK CHEVRON, INC.**



Principal Place of Business

% JOHN BAKER  
3919 W HIGHWAY 390  
PANAMA CITY, FL 32405-3285

Mailing Address

% JOHN BAKER  
3919 W HIGHWAY 390  
PANAMA CITY, FL 32405-3285

2. Principal Place of Business

**2409 S. Highway 77**

Suite, Apt. #, etc.

3. Mailing Address

**2409 S. Highway 77**

Suite, Apt. #, etc.

City & State

**LYNN HAVEN, FL.**

City & State

**LYNN HAVEN, FL**

Zip

**32444**

Country

**Bay**

Zip

**32444**

Country

**Bay**

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-2347958**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, JOHN  
3919 W HIGHWAY 390  
PANAMA CITY, FL 32450-3240

7. Name and Address of New Registered Agent

Name **John Baker**

Street Address (P.O. Box Number is Not Acceptable)

**2409 S. Highway 77**

City **LYNN HAVEN**

**FL**

Zip Code

**32444**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BAKER, JOHN**  
STREET ADDRESS **3919 W HIGHWAY 390**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.29.06**

Date

**850-265-2332**

Daytime Phone #