
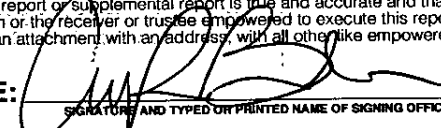


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90054 039 \*\*\*150.00

<b>DOCUMENT # H25504</b> 1. Entity Name <b>BALDWIN INVESTMENTS, INC.</b>					
Principal Place of Business <b>2605 AIRPORT ROAD PLANT CITY, FL 33567-1144</b>			Mailing Address <b>2605 AIRPORT ROAD PLANT CITY, FL 33567-1144</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3028543</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BALDWIN, JAMES P. 2605 AIRPORT ROAD PLANT CITY, FL 33566</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALDWIN, JAMES P</b>		NAME		
STREET ADDRESS	<b>RT 1, BOX 2130 PLATT RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALDWIN, CHARLES RICHARD</b>		NAME		
STREET ADDRESS	<b>2005 SANDALWOOD DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALDWIN, JOHN THOMAS</b>		NAME		
STREET ADDRESS	<b>29 RIDGEVIEW TERR APT 29</b>		STREET ADDRESS	<b>37151 Trilby Trail</b>	
CITY-ST-ZIP	<b>ELMSFORD, FL 10523</b>		CITY-ST-ZIP	<b>Trilby, Florida 33593</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			<b>Charles R. Baldwin, Pres.</b> <b>813-752-2959</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		