2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# J35192

Entity Name: BAXTER'S REALTY, INC.

Current Principal Place of Business:

4049 LAFAYETTE ST
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

PO BO X 938
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-1387109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, DAVID M
2535 SPRING CREEK RD
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SLOAN, DAVID M
Address: 2535 SPRING CREEK RD
City-St-Zip: MARIANNA, FL

Title: PD ( ) Delete
Name: SLOAN, KATHY
Address: 2535 SPRING CREEK ROAD
City-St-Zip: MARIANNA, FL

Title: STD ( ) Delete
Name: BAXTER, DOROTHY
Address: 2600 BEVIA RD
City-St-Zip: MARIANNA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: SLOAN, DAVID M
Address: 2535 SPRING CREEK RD
City-St-Zip: MARIANNA, FL 32448 US

Title: PD (X) Change ( ) Addition
Name: SLOAN, KATHY
Address: 2535 SPRING CREEK ROAD
City-St-Zip: MARIANNA, FL 32448 US

Title: STD (X) Change ( ) Addition
Name: BAXTER, DOROTHY
Address: 2600 BEVIA RD
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY SLOAN PD 04/30/2008

Electronic Signature of Signing Officer or Director Date