

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J39152

1. Entity Name

BAKER LAND, INC.



Principal Place of Business

515 S 6TH STREET
MACCLENNY FL 32063

Mailing Address

5 W MACCLENNY AVE
MACCLENNY FL 32063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2755002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

KIRKLAND, GRANVEL S.
5W MACCLENNY AVE
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and file it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME DAVIS, R.H.
STREET ADDRESS HWY 121 NORTH
CITY-ST-ZIP MACCLENNY FL

TITLE DV ☐ Delete
NAME RHODEN, THOMAS R.
STREET ADDRESS 515 SOUTH SIXTH STREET
CITY-ST-ZIP MACCLENNY FL

TITLE DST ☐ Delete
NAME KIRKLAND, GRANVEL S.
STREET ADDRESS 5 W MACCLENNY AVE
CITY-ST-ZIP MACCLENNY FL 32063

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 1000000576357
CITY-ST-ZIP 09/07/06-80002-006 550.00

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

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2006 (904) 259-3161

Date

Daytime Phone #