

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # K58137

1. Entity Name
BAKER PARTS AND SUPPLY, INC



Principal Place of Business
**1304 GEORGIA AVE
BAKER, FL 32531 US**

Mailing Address
**PO BOX 157
BAKER, FL 32531 US**



08012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2925982

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUNSON, JOSEPH M.
CORNER OF 16TH ST. AND MONROE AVENUE
BAKER, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCT
BRUNSON, JOSEPH M.
5760 MONROE STREET
BAKER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
BRUNSON, WILLIAM D.
7589 PEACOCK RD.
BAKER, FL 32531**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
BRUNSON, ROCHELLE
5760 MONROE STREET
BAKER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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08/05/05-80005-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William D. Brunson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-537-4231 8-2-05
Date Daytime Phone #