## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # K58137** 04-13-2006 90281 018 \*\*\*150.00 BAKER PARTS AND SUPPLY, INC Mailing Address Principal Place of Business PO BOX 157 יישעטם -1304 GEORGIA AVE BAKER, FL 32531 US BAKER, FL 32531 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01202008 Cha-P Applied For City & State 4. FEI Number City & State 59-2925982 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNSON, JOSEPH M. Street Address (P.O. Box Number is Not Acceptable) 1480 Skyranch Lane CORNER OF 16TH ST. AND MONROE AVENUE **BAKER, FL 32536** 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 site if applicable. (NOTE Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ change ☐ Addition Oelete TITLE TITLE MAMF BRUNSON, JOSEPH M. NAME 1480 Skyranch Lane STREET ADDRESS **5760 MONROE STREET** STREET ADDRESS Raker DL 32531 CITY-ST-ZIP CITY-ST-ZIP BAKER, FL ☐ Addition ☐ Change TITLE Delete D۷ TITLE NAME BRUNSON, WILLIAM D. NAME STREET ADDRESS 7589 PEACOCK RD. STREET ADDRESS CITY-ST-7IP **BAKER, FL 32531** CITY-ST-7IP Addition Change TITLE DS ☐ Delete DILE NAME BRUNSON, ROCHELLE NAME 1480 Skyranch Lane STREET ADDRESS **5760 MONROE STREET** STREET ADDRESS CITY-ST-ZIP Baker to 32531 CITY-ST-ZIP BAKER, FL Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Deteta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 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. 37-423/

FILED