2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90032 050 ***150.00

DOCUMENT # L22756

1. Entity Name
BAKER ENVIRONMENTAL ENGINEERING, INC.

Principal Place of Business	Mailing Address
6821 SW ARCHER RD. GAINESVILLE FL 32608	6821 SW ARCHER RD. GAINESVILLE FL 32608

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3000 N. Ponce de Leon Blvd		3000 N. Ponce de Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite # 4		Suite # 4	
City & State		City & State	
St. Augustine, Florida		St. Augustine, Florida	
Zip	Country	Zip	Country
32084	USA	32084	USA

4. FEI Number 59-2972398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, PAMELA
6821 SW ARCHER ROAD
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name: Pamela Baker
Street Address (P.O. Box Number is Not Acceptable): 3000 N. Ponce de Leon Blvd. Suite # 4
City: St. Augustine FL Zip Code 32084

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] Pamela Baker 1/28/08
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
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BAKER, PAMELA T.		NAME	
STREET ADDRESS	6821 SW ARCHER RD.		STREET ADDRESS	3000 N. Ponce de Leon Blvd.
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	St. Augustine, FL
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BAKER, ROBERT A.		NAME	
STREET ADDRESS	6821 SW ARCHER RD.		STREET ADDRESS	3000 N. Ponce de Leon Blvd.
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	St. Augustine, FL
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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] Pamela Baker 1/28/08 904/466-2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #