

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L38594

1. Entity Name
BAKER'S DENTAL LAB, INC.



FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90074 027 ***150.00

10001044



02142005 Chg-P CR2E034 (10/03)

Principal Place of Business
% TIMOTHY R. BAKER
2238 US 19 N
HOLIDAY, FL 34691

Mailing Address
% TIMOTHY R. BAKER
2238 US 19 N
HOLIDAY, FL 34691

2. Principal Place of Business
6317 ADAMS ST

3. Mailing Address
6317 ADAMS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL

City & State
NEW PORT RICHEY FL

Zip 34652 Country 34652

4. FEI Number
59-2988211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAKER, TIMOTHY R.
2238 US 19 N
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent
Name TIMOTHY R. BAKER
Street Address (P.O. Box Number is Not Acceptable)
6317 ADAMS ST
City NEW PORT RICHEY Zip Code FL 34652

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 *Timothy R. Baker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, TIMOTHY R. 3333 RIVERWOOD DR NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, SHARON M. 3333 RIVERWOOD DR NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Timothy R. Baker*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #