

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 14, 2005 8:00 am
Secretary of State

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02142005 Chg-P CR2E034 (10/03)

DOCUMENT # L38594 1. Entity Name BAKER'S DENTAL LAB, INC.					
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 Suite, Apt. #, etc.		3. Mailing Address 6317 ADAMS ST Suite, Apt. #, etc.			
City & State NEW PORT RICHEY FL Zip 34652 Country		City & State NEW PORT RICHEY FL Zip 34652 Country		4. FEI Number 59-2988211	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 FL Zip Code 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: <i>Timothy R. Baker</i> (NOTE: Registered Agent signature required when re-registering) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Timothy R. Baker</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Date

Daytime Phone