2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88750

Name:

Address:

City-St-Zip:

Entity Name: C. BAERSKI CORPORATION

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5889 AIRPORT ROAD #217 PORT ORANGE, FL 32128 **New Mailing Address: Current Mailing Address:** P.O. BOX 214066 SOUTH DAYTONA BEACH, FL 321214066 FEI Number: 65-0208728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOSTER, WILLIAM M 555 WESTMORELAND RD. DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRICE, DANIEL W, Name: Name: 1248 ROBBIN DR Address: Address: PORT ORANGE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PRICE, BARBARA A, Name: Name: 1248 ROBBIN DR Address: Address: PORT ORANGE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: PRICE, WILLIAM Name: 4557 KALUA DRIVE Address Address: City-St-Zip: City-St-Zip: INDIAN RIVER, MI 49749 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address: City-St-Zip: CHAPMAN, DORIS

10 CROOKED ISLE CIRCLE

MURRELLS INLET, SC 29576

SIGNATURE: DANIEL W PRICE D 04/14/2004