2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88750

Entity Name: C. BAERSKI CORPORATION

FILED Mar 03, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ILLIAMSON BL	VD			
#217 PORT OR/	ANGE, FL 321	28			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 214066 SOUTH DAYTONA BEACH, FL 321214066			P.O. BOX 214066 SOUTH DAYTONA, 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 o	Name and Address of New Registered Agent:	
555 WEST	WILLIAM M. MORELAND F BEACH, FL 3				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () PRICE, DANIEL 1248 ROBBIN I PORT ORANGE	OR .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PRICE, BARBA 1248 ROBBIN I PORT ORANGE)R	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () PRICE, WILLIA 4557 KALUA DI INDIAN RIVER,	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CHAPMAN, DOI 10 CROOKED I MURRELLS INL	SLE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V (X)	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:

SIGNATURE:	DANIEL W PRICE	D	03/03/2006

FREEMAN, CHARLIE T

900 S PENINSULA DR #23

DAYTONA BEACH SHORES, FL 32118

Name:

Address:

City-St-Zip: