


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M96065					
1. Entity Name J.A. BAKER, INC.					
Principal Place of Business 4040 OLD DIXIE HWY VALKARIA FL 32950 US			Mailing Address P.O. BOX 441 GRANT FL 32749-0441 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2912673	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KELLNER, JUNE 198 DRISKILL ST NE PALM BAY FL 32907				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	KELLNER, JUNE	198 DRISKILL ST NE	PALM BAY	FL	32907
					<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
STD	KELLNER, PAUL	198 DRISKILL ST NE	PALM BAY	FL	32907
					<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
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					<input type="checkbox"/> Delete
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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"/> Delete



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2912673**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$150.00
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Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
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STREET ADDRESS	198 DRISKILL ST NE		
CITY	PALM BAY		
ST	FL		
ZIP	32907		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
STD	KELLNER, PAUL		
STREET ADDRESS	198 DRISKILL ST NE		
CITY	PALM BAY		
ST	FL		
ZIP	32907		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY			
ST			
ZIP			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY			
ST			
ZIP			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY			
ST			
ZIP			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

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: June Kellner June Kellner 1/26/07 (32D)725-269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #