2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000029339 1. Entity Name BAKER ENTERPRISES OF POLK COUNTY, INC. Māliing Address Principal Place of Business 1703 BRIGHTON WAY 1103 BRIGHTON WAY LAKELAND, FL 33813 LAKELAND, FL 33813 No Chg-P 03292005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3640632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JONES, ERNIE ESQ. 1958 EAST EDGEWOOD DR. LAKEWOOD, FL 33803 IN THIS SPACE 3. 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 of printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE 10. TITLE BAKER, KENNETH H NAME U00000332494 STREET ADDRESS 1103 BRIGHTON WAY 04/26/05-80059-020 150.00 LAKELAND, FL 33813 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TJT1E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not dualify 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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4.22.05 80.435.989

FILED