2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# P00000071178

Entity Name: BAKER'S SPORT'S, INC.

Current Principal Place of Business:

4626 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4626 LENOX AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3663358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, GARY
5442 GREEN AVE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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:

Title: STD ( ) Delete
Name: CARROLL, TIFFANY
Address: 4626 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: BAKER, GARY
Address: 5442 GREEN AVE
City-St-Zip: CALLAHAN, FL 32011

Title: D ( ) Delete
Name: CARROLL, TIFFANY
Address: 4626 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: P ( ) Delete
Name: BAKER, JOSHUA S
Address: 4626 LENOX AVNUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: CARROLL, TIFFANY M VP
Address: 4626 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change ( ) Addition
Name: BAKER, JOSHUA S P
Address: 4626 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change ( ) Addition
Name: CARROLL, TIFFANY M VP
Address: 4626 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Change ( ) Addition
Name: BAKER, JOSHUA S PRES
Address: 4626 LENOX AVNUE
City-St-Zip: JACKSONVILLE, FL 32205

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.

SIGNATURE: TIFFANY CARROLL VP 01/12/2005

Electronic Signature of Signing Officer or Director Date