

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 008 ***150.00

DOCUMENT # P00000095872

1. Entity Name
ROBERT B. BAKER, P.A.



Principal Place of Business
**6991 N SR 7
2ND FLOOR
PARKLAND, FL 33073**

Mailing Address
**6991 N SR 7
2ND FLOOR
PARKLAND, FL 33073**

40007769



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-1049926

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, ROBERT B
6991 N SR 7
2ND FLOOR
PARKLAND, FL 33073**

Name **Baker, Robert B, Esq.**

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

6991 North State Road 7 2nd Fl

City **Parkland**

FL

Zip Code **33073**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D BAKER, ROBERT B** ☐ Delete
STREET ADDRESS **6100 GLADES RD, SUITE 301**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE
NAME **Baker, Robert B, Esq.** ☒ Change ☐ Addition
STREET ADDRESS **6991 North State Rd 7, 2nd Fl**
CITY-ST-ZIP **Parkland, FL 33073**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Date

954-509-1900

Daytime Phone #