

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 008 ***150.00

DOCUMENT # P01000013515

1. Entity Name

ANTHONY BAXTER ENTERPRISES, INC.



Principal Place of Business

**10230 DENNIE WAY
HOBE SOUND FL 33455**

Mailing Address

**P.O. BOX 1775
HOBE SOUND FL 33475**

00002093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1073996

Applied For

Not Applicable

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

**BAXTER, ANTHONY M
10230 DENNIE WAY
HOBE SOUND FL 33455**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
BAXTER, ANTHONY M
10230 DENNIE WAY
HOBE SOUND FL 33455**

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

**D
BAXTER, ANTHONY M
10350 S.E. DIXIE HWY
HOBE SOUND FL 33475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Baxter

Date

Daytime Phone #

772-260-9060