

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028085

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: BAKER MARKETING INC.

**Current Principal Place of Business:**

2802 LITTLE COUNTRY RD  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

2802 LITTLE COUNTRY RD  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-1095221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, STEVEN A  
2802 LITTLE COUNTRY RD  
PARRISH, FL 34219

**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: P ( ) Delete  
Name: BAKER, STEVEN A  
Address: 2802 LITTLE COUNTRY RD  
City-St-Zip: PARRISH, FL 34219

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BAKER, CHERYL  
Address: 2802 LITTLE COUNTRY ROAD  
City-St-Zip: PARRISH, FL 34219

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: STEVEN BAKER

P

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date