

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000036534**

1. Entity Name  
**BAXTER CARPENTRY, INC.**



Principal Place of Business  
**3595 HAMMOCK TRAIL  
MELBOURNE, FL 32934**

Mailing Address  
**3595 HAMMOCK TRAIL  
MELBOURNE, FL 32934**



04112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3712905**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANTORE, MICHAEL A  
483 ORLOV ROAD, N.W.  
PALM BAY, FL 32907**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000112409  
04/14/04-80021-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAXTER, ROGER 3595 HAMMOCK TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BAXTER, PAMELA 3595 HAMMOCK TRAIL MELBOURNE, FL 32934
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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:** *Roger Baxter* **ROGER BAXTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-04 321-254-6557**

Date

Daytime Phone #