

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 001 ***150.00

DOCUMENT # P01000042168

1. Entity Name

BAKERS PAINTING, INC.



Principal Place of Business

43 MEADOW WAY
FROSTPROOF FL 33843

Mailing Address

43 MEADOW WAY
FROSTPROOF FL 33843

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

615 N OAK

Suite, Apt. #, etc.

3. Mailing Address

615 N OAK

Suite, Apt. #, etc.

City & State

Ft Meade FL

City & State

Ft Meade FL

Zip

33841

Country

Polk

Zip

33841

Country

Polk

4. FEI Number

59-3719303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, TIMOTHY E
43 MEADOW WAY
FROSTPROOF FL 33843

7. Name and Address of New Registered Agent

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

Timothy E Baker
Signature, typed or printed name of registered agent and title if applicable.

TIMOTHY E BAKER PRES. 3-15-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PSTD ☐ Delete
NAME BAKER, TIMOTHY E
STREET ADDRESS 43 MEADOW WAY
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE VD ☐ Delete
NAME BAKER, KAMIE JO
STREET ADDRESS 43 MEADOW WAY
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE T ☐ Delete
NAME BAKER, JASON S
STREET ADDRESS 43 MEADOW WAY
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE S ☐ Delete
NAME BAKER, MAE FLORENCE
STREET ADDRESS 43 MEADOW WAY
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Timothy E Baker TIMOTHY BAKER PRES. 3-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #