

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 027 ***150.00

DOCUMENT # P01000042168

1. Entity Name

BAKERS PAINTING, INC.



Principal Place of Business

**615 N OAK
FORT MEADE FL 33841**

Mailing Address

**615 N OAK
FORT MEADE FL 33841**

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

Fort Meade FL

City & State

Fort 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

1st MOORE

CR2E034 (10/07)



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 Baker

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-25-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	BAKER, TIMOTHY E	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, KAMIE JO	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, JASON S	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, MAE FLORENCE	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08

Date

Daytime Phone #