

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042168

Entity Name: BAKERS PAINTING, INC.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

615 N OAK  
FORT MEADE, FL 33841

## New Principal Place of Business:

## Current Mailing Address:

615 N OAK  
FORT MEADE, FL 33841

## New Mailing Address:

FEI Number: 59-3719303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, TIMOTHY E  
43 MEADOW WAY  
FROSTPROOF, FL 33843 US

## Name and Address of New Registered Agent:

BAKER, TIMOTHY E  
615 N. OAK  
FT. MEADE, FL 33841 US

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: TIMOTHY E. BAKER

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BAKER, TIMOTHY E  
Address: 43 MEADOW WAY  
City-St-Zip: FROSTPROOF, FL 33843

Title: VD ( ) Delete  
Name: BAKER, KAMIE JO  
Address: 43 MEADOW WAY  
City-St-Zip: FROSTPROOF, FL 33843

Title: T ( ) Delete  
Name: BAKER, JASON S  
Address: 43 MEADOW WAY  
City-St-Zip: FROSTPROOF, FL 33843

Title: S ( ) Delete  
Name: BAKER, MAE FLORENCE  
Address: 43 MEADOW WAY  
City-St-Zip: FROSTPROOF, FL 33843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: BAKER, TIMOTHY E  
Address: 615 N. OAK  
City-St-Zip: FT. MEADE, FL 33841

Title: VD (X) Change ( ) Addition  
Name: BAKER, MICHELLE  
Address: 615 N. OAK  
City-St-Zip: FT. MEADE, FL 33841

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY E. BAKER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date