2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000064944

1. Entity Name

BAKER & BAKER VENDING, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

2063 AARON PLACE CLEARWATER, FL 33760 Mailing Address

2063 AARON PLACE CLEARWATER, FL 33760



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1115087 Not Applicable

5. Certificate of Status Degree \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BAKER, WILLIAM D 2063 AARON PLACE CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pi ions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or both, i	n the State of Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typod or printed name of registered agent and title if	applicable (NOTE: Registere	d Agent signature	required whan reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be [32]	U00000617916 08/07-80009-006 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DP BAKER, WILLIAM D 2063 AARON PLACE CLEARWATER, FL 33760					
NAME STREET ADDRESS CITY-ST-ZIP			,			
NAME STREET ADDRESS CHY-ST-ZIP				DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
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 Chapter 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING O

PRESIDENT

1/24/07 727-423-500