

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 045 ***150.00

DOCUMENT # P01000108096

1. Entity Name

BASELINE DESIGN, INC.



Principal Place of Business

**2445 MARQUIS DR
DUNEDIN FL 34698**

Mailing Address

**2445 MARQUIS DR
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3757624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, THOMAS A
2445 MARQUIS DR
DUNEDIN FL 34698**

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

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PERRY, THOMAS A
2445 MARQUIS DR
DUNEDIN FL 34698**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Thomas A. Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-2006

Date

Daytime Phone #

ATTACHMENT

**baseline
design inc.**

RESIDENTIAL DESIGN
CAD DRAFTING SERVICE

40099806

#101000108096

THOMAS PERRY

2445 MARQUIS DRIVE
DUNEDIN, FLORIDA 34698

PH 727-771-7713
tperry4@tampabay.rr.com

TO WHOM IT MAY CONCERN,

I RECEIVED ~~THE~~ NOTICE OF THE ANNUAL REPORT
AFTER MAY 1ST, AND I ~~AM~~ WOULD LIKE THE LATE FEES
TO BE WAIVED, I SPOKE WITH TYRON SCOTT IN YOUR
DEPARTMENT AND HE INSTRUCTED ME TO WRITE THIS LETTER
REQUESTING THE LATE FEES TO BE WAIVED.

I HAVE ENCLOSED A CHECK FOR 150.⁰⁰ FOR THE FILING FEE.

THANK YOU FOR YOUR ATTENTION IN THIS MATTER

SINCERLY,

Thomas A. Perry