



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90099 037 \*\*\*150.00

<b>DOCUMENT # P03000014572</b> 1. Entity Name <b>BAKER PROPERTY MANAGEMENT, INC.</b>			
Principal Place of Business <b>1508 PECAN STREET NOKOMIS, FL 34275 US</b>		Mailing Address <b>1508 PECAN STREET NOKOMIS, FL 34275 US</b>	
			
		04122005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>51-0451361</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			
<b>BAKER, TIMOTHY J 1508 PECAN STREET NOKOMIS, FL 34275</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAKER, TIMOTHY J 1508 PECAN STREET NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			