


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90267 031 ***150.00

DOCUMENT # P03000036426


1. Entity Name
G.F. BALDWIN AGENCY, INC.



Principal Place of Business 1310 S. HWY. 29 CANTONMENT, FL 32533	Mailing Address 1310 S. HWY. 29 CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE

4000000000



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1659937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, GARY F
 1310 S HWY 29
 CANTONMENT, FL 32533

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BALDWIN, GARY F
STREET ADDRESS	1310 S. HWY. 29
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	BALDWIN, CONSTANCE
STREET ADDRESS	1310 S. HWY. 29
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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:  **Gary F. Baldwin** Date _____ Daytime Phone # **(850) 937-1433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR