2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2007 08:00 AM **Secretary of State** DOCUMENT # P03000036426 1. Entity Name G.F. BALDWIN AGENCY, INC. Principal Place of Business Mailing Address 1310 S. HWY. 29 1310 S. HWY. 29 CANTONMENT, FL 32533 CANTONMENT, FL 32533 No Chg-P 01092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1659937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BALDWIN, GARY F DO NOT WRITE 1310 S HWY 29 CANTONMENT, FL 32533 IN THIS SPACE 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 | am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BALDWIN, GARY F NAME STREET ADDRESS 1310 S. HWY. 29 CITY-ST-ZIP CANTONMENT, FL 32533 TITLE ° U00000584635 BALDWIN, CONSTANCE NAME STREET ADDRESS 1310 S. HWY, 29 CITY-ST-ZIP CANTONMENT, FL 32533 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 withan address with all other the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED