


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 039 ***150.00

DOCUMENT # P03000079612 L			
1. Entity Name SHERYL F. BAKER, P.A.			
Principal Place of Business 7724 NW 55TH PL. CORAL SPRINGS, FL 33067		Mailing Address 7724 NW 55TH PL. CORAL SPRINGS, FL 33067	
2. Principal Place of Business 2780 UNIVERSITY DR		3. Mailing Address P.O. Box 771210	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065		Zip 33077-1210	
Country USA		Country USA	
4. FEI Number 76-0736568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, SHERYL F 7724 NW 55TH PL. CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name: Sheryl Candy Baker Street Address (P.O. Box Number is Not Acceptable): 2780 UNIVERSITY DR. City: CORAL SPRINGS, FL Zip Code: 33065	
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: 7/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BAKER, SHERYL F STREET ADDRESS: 7724 NW 55TH PL. CITY-ST-ZIP: CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE: Sheryl Baker NAME: Sheryl Baker STREET ADDRESS: 2780 UNIVERSITY DR CITY-ST-ZIP: CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. SIGNATURE: _____ DATE: 7/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

54060362



07022004 Chg-P CR2E034 (10/03)

Attachment

54060362

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/02/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Sheryl F. Baker, P.A.
Doc # P03000079612

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Sheryl F. Baker P.A.

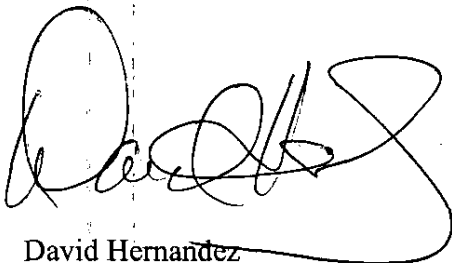
We are providing a check for the annual fee, however, we have not included the penalty as the client did not receive the postcard sent to companies to file the renewal due to an address change.

The client received the second notice and requested our assistance in filing the document on behalf of the company. We promptly completed the form and have notified the client of the filing obligation for the future.

Therefore we are requesting reinstatement on behalf of Sheryl F. Baker P.A. based upon not having received his 2004 Uniform business report due to a change of address.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez