

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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

02-25-2004 90012 017 ***150.00

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DOCUMENT # P03000084849

1. Entity Name

LAW OFFICE OF PETER BAKER, P.A.



Principal Place of Business
500 E KENNEDY BLVD STE 101C
TAMPA FL 33602

Mailing Address
500 E KENNEDY BLVD STE 101C
TAMPA FL 33602

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State

Zip
Country
6. Name and Address of Current Registered Agent

BAKER, PETER
500 E KENNEDY BLVD STE-101C
TAMPA FL 33602

4. FEI Number
55-0843539
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

MOORE CR2E034 (11/03)



7. Name and Address of New Registered Agent

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 id# if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

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 BAKER, PETER 500 E KENNEDY BLVD STE 101C TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Peter Baker* Peter Baker President/Director 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813/277-0352