2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111116

1. Entity Name

BAUMER INVESTMENT GROUP INC.



Principal Place of Business

Mailing Address

4516 SELAH ROAD SEBRING, FL 33875 4516 SELAH ROAD SEBRING, FL 33875

FILED Mar 03, 2005 8:00 am Secretary of State

03-03-2005 90168 005 ***150.00



DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

BAUMER, DANIEL 4516 SELAH ROAD SEBRING, FL 33875

DO NOT WRITE IN THIS SPACE

					0. 7.02
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	Р		1		
NAME	BAUMER, DANIEL		1		· ·
STREET ADDRESS	4516 SELAH ROAD		1		
CITY-ST-ZIP	SEBRING, FL 33875		1		
TITLE	s		1		
NAME	BAUMER, CATHERINE		1		
STREET ADDRESS	4516 SELAH ROAD		1		
CITY-ST-ZIP	SEBRING, FL 33875		1		
TITLE			1		
NAME			سيار سيع		
STREET ADDRESS		-		D0	NOT MOITE
CITY-ST-ZIP	_		1	ŲŪ	NOT WRITE
TITLE			1	INI T	THIS SPACE
NAME			1	HIN I	III3 SPACE
STREET ADDRESS			1		
CITY-ST-ZIP			1		
TITLE			1		
NAME			1		
STREET ADDRESS			1		

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 attaching my man address, with all other like empowered.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL Brunen Z

2-28-05

863-381-