


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90573 023 ***150.00

DOCUMENT # P03000124098 1. Entity Name PHILIP BAKER CONSTRUCTION, INC.					
Principal Place of Business C/O CHANDLER, LANG, HASWELL & COLE, P 211 NE 1ST ST GAINESVILLE FL 32601			Mailing Address C/O CHANDLER, LANG, HASWELL & COLE, P 211 NE 1ST ST GAINESVILLE FL 32601		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1358955	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASWELL, JOHN H 211 NE 1ST ST GAINESVILLE FL 32601				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 _____ (NOTE: Registered Agent signature required when reissuing) 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. <input type="checkbox"/> \$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	DPT BAKER, PHILIP H 7020 LAKE SHORE DR GAINESVILLE FL 32641 <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	DVS BAKER, DOROTHY M 7020 LAKE SHORE DR GAINESVILLE FL 32641 <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: <i>Philip H. Baker</i> <i>Dorothy M. Baker</i> Philip H. Baker Dorothy M. Baker 4/23/04 4/23/04 352-374-8558 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					