

# ANNUAL REPORT (AR)

DOCUMENT # P03000135706

1. Entity Name

JOHN BAKER'S MAIN/REPAIR SERVICE, INC.



**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
521 SE 8TH PL  
CAPE CORAL FL 33990

Mailing Address  
521 SE 8TH PL  
CAPE CORAL FL 33990



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-1209736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, BRENDA C  
521 SE 8TH PL  
CAPE CORAL FL 33990

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**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 D ☐ Delete  
NAME BAKER, JOHN E SR,  
STREET ADDRESS 521 SE 8TH PL  
CITY - ST - ZIP CAPE CORAL FL 33990

☐ Change ☐ Addition  
000000613448  
02/05/07-80038-017 150.00

TITLE D ☐ Delete  
NAME BAKER, BRENDA C  
STREET ADDRESS 521 SE 8TH PL  
CITY - ST - ZIP CAPE CORAL FL 33990

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

*Brenda C. Baker* Brenda C. Baker 1/31/07 239-772-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #