## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000135784

1. Entity Name
DALE E. BAKER, INC.

FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business 229 4TH STREET JVP WINTER HAVEN, FL 33880

Mailing Address

229 4TH STREET JVP WINTER HAVEN, FL 33880



## DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0710975

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

| BAKER, DALE E<br>229 4TH STREET JVP<br>WINTER HAVEN, FL 33880                            |  |  | DO NOT WRITE<br>IN THIS SPACE                         |  |  |
|--|--|--|---|--|--|
| 8. The above the obligat   | e named entity submits this statement for the p<br>tions of registered agent | Surpose of changing its registered or                    | flice or registered agent, or bo                      | th, in the State of Florida 1 am familiar with, and accept |  |
| Signature: typed or printed name of registered agent and trie if applicable (NOTE: Regis |  |  | ered Agent signature required when reinstating)  DATE |  |  |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00                  | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be   |  |  |
| 10.  | OFFICERS AND DIRECTORS   |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>BAKER, DALE E<br>229 4TH STREET JVP<br>WINTER HAVEN, FL 33680           |  |   | U00000494041<br>04/20/06-80030-003 150.00                  |  |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | DO  | NOT WRITE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | IN T  | THIS SPACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS  |  |  |   |  |  |

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Hurther 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 Brock TT if changed, or on an attachment with an addays, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

863(294-9222

Daytime Phone #