


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # P03000147894</b>	
1. Entity Name GERALD BAENEN, INC.	

Principal Place of Business 4498 NE 18TH TERRACE OCALA, FL 34479	Mailing Address 4498 NE 18TH TERRACE OCALA, FL 34479
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**DO NOT WRITE IN THIS SPACE**



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0454076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BAENEN, GERALD L  
 4498 NE 18TH TERRACE  
 OCALA, FL 34479

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ U00000578278  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/09/07-80022-009 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAENEN, GERALD L 4498 NE 18TH TERRACE OCALA, FL 34479
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gerald L Baenen 1-5-07 359-629-0509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #