

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 007 ***150.00

DOCUMENT # P03000155975			
1. Entity Name BAIRD PLUMBING, INC.			
Principal Place of Business 115 MURRAY RD PAMONA PARK FL 32181		Mailing Address P.O. BOX 521 PAMONA PARK FL 32181	
2. Principal Place of Business - No P.O. Box # 440 Old San Mateo Rd.		3. Mailing Address 440 Old San Mateo Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State East Palatka, FL		City & State East Palatka, FL	
Zip 32131		Country Putnam	
6. Name and Address of Current Registered Agent BAIRD, SCOTT 115 MURRAY RD PAMONA PARK FL 32181		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 reinstating)			



1st MOORE CR2E034 (10/06)

4. FEI Number **61-1466426** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAIRD, SCOTT 115 MURRAY RD PAMONA PARK FL 32181 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

386-546-3622

Date

Daytime Phone #