


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90313 050 \*\*\*150.00

<b>DOCUMENT # P04000013341</b> 1. Entity Name <b>BASELINE BUILDERS INC.</b>					
Principal Place of Business <b>10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>				Mailing Address <b>10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5218 Gainesville, Florida</b>			
City & State		City & State		4. FEI Number <b>13-4272096</b>	
Zip <b>32627</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04042005 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>DEHAM, RONNIE 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DENHAM, RONNIE 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BEVILLE, ROBERT 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DENHAM, PATRICIA 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BEVILLE, NATALIE 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENHAM, SCOTT E 10927 SW 24 AVENUE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <i>Ronnie Denham</i></b>			<b>Ronnie E. Denham</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>April 5, 2005</b> Daytime Phone # <b>352-258-1700</b>		