



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000032087 1. Entity Name <b>BAKER CABINET INSTALLATIONS INC</b>	
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Principal Place of Business <b>4415 HOOD AVE          TITUSVILLE, FL 32780</b>	Mailing Address <b>4415 HOOD AVE          TITUSVILLE, FL 32780</b>
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**DO NOT WRITE IN THIS SPACE**



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0746910</b>	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

**BAKER, CHRISTOPHER  
 4415 HOOD AVE  
 TITUSVILLE, FL 32780**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 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	D BAKER, CHRISTOPHER 4415 HOOD AVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MELANI 4415 HOOD AVE TITUSVILLE, FL 32780
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000000322061  
 05/15/08-80032-005 150.00

**DO NOT WRITE IN THIS SPACE**

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: Melani B Baker Melani B. Baker 4/22/08 321-267-7223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #