

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032087

FILED
Apr 06, 2009
Secretary of State

Entity Name: BAKER CABINET INSTALLATIONS INC

Current Principal Place of Business:

4415 HOOD AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4415 HOOD AVE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 20-0746910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, CHRISTOPHER
4415 HOOD AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, CHRISTOPHER
Address: 4415 HOOD AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: BAKER, MELANI
Address: 4415 HOOD AVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANI BAKER

D

04/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date