2007 FOR PROFIT CORPORATION

Apr 06, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000052183** 04-06-2007 90027 002 ***150.00 1. Entity Name BAKER POOLS AND SPAS INC 40021222 Principal Place of Business Mailing Address 202 SW ELDERBERRY DR 202 SW ELDERBERRY DR PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 04-3787932 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMPMAN,, LINDA A Street Address (P.O. Box Number is Not Acceptable) 4642 SW SAVONA BLVD PORT ST LUCIE, FL 34953 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financino \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BAKER, BARBARA STREET ADDRESS 202 SW ELDERBERRY DR STREET ADDRESS PORT ST LUCIE, FL 34953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 deliver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. changed, or on an attac

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT				ATTACHMENT				
1. Entity Name	MENT # P0400005218	33						
Principal Place of Business 202 SW ELDERBERRY DR PORT ST LUCIE, FL 34953 Making Address 202 SW ELDERBERRY DR PORT ST LUCIE, FL 34953				H0051599				
D	O NOT WRITE I	CE	D3312007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For O4-3787932 Not Applied bis 5. Certificate of Status Desired S8.75 Additional Fee Regulford					
6. Name and Address of Current Registered Agent LAMPMAN,, LINDA A 4642 SW SAVONA BLVD PORT ST LUCIE, FL 34953				_	NOT W	—		
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, it am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and the if applicable. (NOTE: Registered Agent algorithm refreshing) CATE								
FILE NOWI! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 Selection Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees		·		
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TIME NAME STREET ADDRESS CITY-ST-ZIP					· , , .	•		
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of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an effecting this ap address, with	cand accurate and that my signal and to execute this report as requir	tus chall have the	eeroo local office		aratha thrak I mare a		