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Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 049 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000171763

1. Entity Name
BAKER AND SONS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1422 1ST STREET N WINTER HAVEN, FL 33881	105 REBRECCA DRIVE NE WINTER HAVEN, FL 33881

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number: 60-1960233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, ABU BAKER 105 REBRECCA DRIVE NE WINTER HAVEN, FL 33881	Name: Baker, Abu Street Address (P.O. Box Number is Not Acceptable): 5911 Royal Hill Cir City: Winter Haven FL Zip Code: 33881

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: Abu Baker
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 Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, ABU BAKER 105 REBRECCA DRIVE NE WINTER HAVEN, FL 33881 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Abu Baker 5911 Royal Hill Cir Winter Haven, FL 33881 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: Abu Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #