2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P05000018392 1. Entity Name STEPHEN BAKER TAX & ACCOUNTING, INC							A STATE OF THE STA		04-14-2008	90060 ()32 ***1.	50.00				
1. Entity Name STEPHEN BAKER TAX & ACCOUN Principal Place of Business 101 W VENICE AVE STE 13 VENICE, FL 34285 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current BAKER, STEPHEN H 5734 RIVA RIDGE DR WESLEY CHAPEL, FL 33544 8, The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, hypodor or instead name of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee, will be \$550. 10. OFFICERS AND TITLE: P BAKER, STEPHEN H 5734 RIVA RIDGE DR WESLEY CHAPEL, FL 33544			Mai	iling Address												
			101 W VENICE AVE			• .	. '	,								
			STE 13 Venice, Fl. 34285													
VENIOE, 12 34200											EIRTH II LTRI					
2. Principal P	Place of Busir	ness - No P.O. Box #	3. N	failing Address								11161 IN 1881				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01102008	Chg-P	CR2E0	34 (12/06)					
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Zip	Country		Ži	Zip Cour		ntry	5.		Status Desired							
6. Name and Address of Current Registered Agent								7. Name and A	ddress of New R	egistered /	Agent					
	TEPHEN	Н				Name										
5734 RIVA RIDGE DR						Street Address (P.O. Box Number is Not Acceptable)										
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						· ·	rl The second									
8. The above	named entit	y submits this statement for tered agent.	the pu	urpose of changing its	register	ed office or reg	ister	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept				
1										•						
SIGNATURE	Signature, typed	or printed name of registered agent a	ind title if	applicable. (NOTI	F.: Registere	d Agent signature rec	ured	when reinstating)	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable SB.75 Additional Fee Required SS of New Registered Agent It Acceptable) FL Zip Code State of Florida. I am familiar with, and accept DATE Change Addition						
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FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.0	00	9. Election Campa Trust Fund Cont	_			00 May Be ed to Fees								
10.		OFFICERS AND	DIREC.	TORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11				
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12. I hereby a indicated of the cor- changed	certify that th l on this repor poration or the , or on an att	e information supplied with the supplemental report is the reserver or trustee emporation and the supplemental report is a supplemental to the supplemental reservers.	this fili true ar wered vith all	ing does not qualify for not accurate and that reto to execute this report other like empowered	or the ex ny signa as requi	emptions conta ture shall have ired by Chapter	ined the s	in Chapter 119, same legal effect , Florida Statutes	Florida Statutes. I as if made under and that my nam	further cer oath; that I e appears i	tify that the i am an office n Block 10 o	nformation or director r Block 11 if				