

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 047 ***150.00

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1. Entity Name

KAREN B. BAXLEY, P.A.



Principal Place of Business

1225 N. CARNEVALE TERRACE
LECANTO, FL 34461

Mailing Address

1225 N. CARNEVALE TERRACE
LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE



03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number

52-2452645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, CHARLES E.
12028 S. IRIS POINT
FLORAL CITY, FL 34436

**DO NOT WRITE
IN THIS SPACE**

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAXLEY, KAREN B.
STREET ADDRESS 1225 N. CARNEVALE TERRACE
CITY-ST-ZIP LECANTO, FL 34461

TITLE D
NAME BAXLEY, GARY L.
STREET ADDRESS 1225 N. CARNEVALE TERRACE
CITY-ST-ZIP LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Karen B. Baxley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
Date

352-212-3937
Daytime Phone #