

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90017 028 ***150.00

DOCUMENT # P05000094252					
1. Entity Name JOSHUA BAKER, INC.					
Principal Place of Business 19474 DORIS LANE N. FORT MYERS, FL 33917 US			Mailing Address 19474 DORIS LANE N. FORT MYERS, FL 33917 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3099117				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, JOSHUA 19474 DORIS LANE N. FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00.		9. Election Campaign Financing "Trust Fund Contribution" <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BAKER, JOSHUA STREET ADDRESS 19474 DORIS LANE CITY-ST-ZIP N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BAKER, JOSEPH STREET ADDRESS 19474 DORIS LANE CITY-ST-ZIP N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BAKER, JOSHUA STREET ADDRESS 19474 DORIS LANE CITY-ST-ZIP N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BAKER, JOSEPH STREET ADDRESS 19474 DORIS LANE CITY-ST-ZIP N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-9-06 Daytime Phone #: 239-462-4605		