

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000116626

1. Entity Name

AMBER ANNE BAKER-CALVO, INC.



Principal Place of Business

914 CURLEW ROAD

#356

DUNEDIN, FL 34698 US

Mailing Address

914 CURLEW ROAD

#356

DUNEDIN, FL 34698 US

FILED

07 SEP 18 AM 9:03

CLERK OF STATE
TALLAHASSEE, FLORIDA



07202007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3341277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ.

2639 DR. M.L KING, JR. STREET NORTH

ST. PETERSBURG, FL 33704

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	BAKER-CALVO, AMBER A
STREET ADDRESS	914 CURLEW ROAD, #354
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000109550290
09/18/07--01015--002 **150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone