
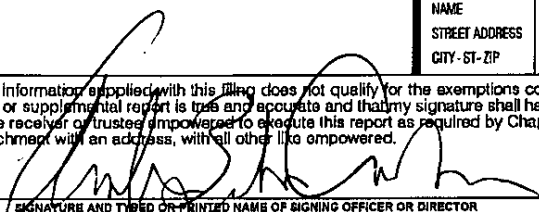


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90138 002 ***150.00

**2008 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	
2. Principal Place of Business - No P.O. Box # 1433 Gulf-to-Bay Blvd.		3. Mailing Address 1433 Gulf-to-Bay Blvd.	
Suite, Apt. #, etc. Suite I		Suite, Apt. #, etc. Suite I	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33755	Country USA	Zip 33755	Country USA
4. FEI Number 20-3341277		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 WOOD, BRADLEY J ESQ. 2638 DR. M.L KING, JR. STREET NORTH ST. PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Wood, Bradley J., Esq. Street Address (P.O. Box Number Is Not Acceptable) 600 First Avenue North, Suite 302 City St. Petersburg FL Zip Code 33701	
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> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/D BAKER-CALVO, AMBER A 914 CURLEW ROAD, #354 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Baker-Calvo, Amber A. 1433 Gulf-to-Bay Blvd. Clearwater, Florida 33755 <input checked="" 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
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
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 I's empowered.			
SIGNATURE: 		5/1/08 727-442-9700 Date Daytime Phone #	