

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000122252

1. Entity Name
D & J BAKER'S LAWN SERVICE, INC.



Principal Place of Business
**7514 E APPLEWOOD DR
INVERNESS, FL 34450**

Mailing Address
**PO BOX 106
OXFORD, FL 34484**



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3423690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, DAWN J
7514 E APPLEWOOD DR
INVERNESS, FL 34450**

**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	DT
NAME	BAKER, DAWN J
STREET ADDRESS	7514 E APPLEWOOD DR
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	DPS
NAME	BAKER, JOSEPH R
STREET ADDRESS	7514 E APPLEWOOD DR
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80033-018 150.00

**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

1/8/07
Date

**352 -
638-2400**
Daytime Phone #