


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-12-2006 90026 023 ***150.00

DOCUMENT # P05000162201			
1. Entity Name BAKER GRILL, INC.			
Principal Place of Business 41 W. MCIVER AVE. MACLENNY, FL 32063		Mailing Address 41 W. MCIVER AVE. MACLENNY, FL 32063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04112008 Chg-P CR2E034 (11/05)		4. FEI Number 05-0630077	
		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		7. Name and Address of New Registered Agent	
BENNETT, CATHERINE I 13399 E. TALL PINE RD. MACLENNY, FL 32063		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: <i>Catherine I Bennett</i>		Catherine I Bennett 6/18/06	
Signature typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when relinquishing)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BENNETT, CATHERINE I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CATHERINE I	NAME	
STREET ADDRESS	13399 E. TALL PINE RD.	STREET ADDRESS	
CITY-ST-ZIP	MACLENNY, FL 32063	CITY-ST-ZIP	
TITLE	VD BENNETT, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ANTHONY	NAME	
STREET ADDRESS	13399 E. TALL PINE RD.	STREET ADDRESS	
CITY-ST-ZIP	MACLENNY, FL 32063	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Catherine I Bennett</i>		Catherine I Bennett 6/18/06 (941) 259-6993	
Signature typed or printed name of signing officer or director		Date Daytime Phone #	