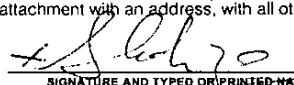


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90012 012 ***150.00

DOCUMENT # P06000105190 1. Entity Name S B & BAKER INC.					
Principal Place of Business 3624 TROUT AVENUE FRUITLAND PARK, FL 34731 US			Mailing Address 3624 TROUT AVENUE FRUITLAND PARK, FL 34731 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3460 GENTLE WIND WAY Suite, Apt. #, etc.			
City & State Zip Country		City & State TALLAHASSEE FL Zip Country 32317		4. FEI Number 50-0023083	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ISMAIL, SHAHZAD A 3624 TROUT AVENUE FRUITLAND PARK, FL 34731		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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISMAIL, SHAHZAD A 3624 TROUT AVENUE FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change Addition 3460 GENTLE WIND WAY TALLAHASSEE FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ISMAIL, SAMINA S 3624 TROUT AVENUE FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change Addition 3460 GENTLE WIND WAY TALLAHASSEE FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISMAIL, SAMINA 3624 TROUT AVENUE FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change Addition 3460 GENTLE WIND WAY TALLAHASSEE FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 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: 			Date 3-17-07 Daytime Phone #		