


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 010 ***150.00

DOCUMENT # P12005	
1. Entity Name LARRY BAUER AND ASSOCIATES, INC.	

Principal Place of Business PO BOX 556 HOMELAND, FL 33847	Mailing Address PO BOX 556 HOMELAND, FL 33847
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40074417



2. Principal Place of Business - No P.O. Box # 30924 Dunn Rd	3. Mailing Address 7575 Jefferson Hwy #206
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State Denham Springs LA	City & State Baton Rouge LA
Zip 70726	Zip 70806
Country Livingston	Country East Baton Rouge

4. FEI Number 62-0946074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANCINI, BARBARA J 1261 HOMELAND GARFIELD RD BARTOW, FL 33830	
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7. Name and Address of New Registered Agent Name Mr. Charles Rusty Schumate Street Address (P.O. Box Number is Not Acceptable) 1515 King Avenue City Lakeland FL Zip Code 33803	
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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 <u>Charles R. Schumate</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-6-07</u>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAUER, LARRY E. 1261 HOMELAND GARFIELD RD BARTOW, FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUER, ALAN E. 7 MCARTHUR BLVD N. 706 WEST MOUNT, NJ 08108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUER, MICHAEL W. 195 OAK GROVE DR BYHALIA, MS 38611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Jefferson Hwy #206 Baton Rouge LA 70806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 104 Heather Drive Oaklyn NJ 08107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME No changes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Barbara J. Mancini 30924 Dunn Rd Denham Springs LA 70726
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"/> 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 like empowered.

SIGNATURE: <u>Larry Bauer</u>	Date <u>1-10-07</u> Daytime Phone # <u>225-252-3771</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	