

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90109 048 \*\*\*150.00

DOCUMENT # P93000069822

1. Entity Name  
BAKER COUNTY PROPERTIES, INC.



Principal Place of Business  
2 EAST MACCLENNY AVENUE  
MACCLENNY, FL 32063 US

Mailing Address  
2 EAST MACCLENNY AVENUE  
MACCLENNY, FL 32063

00001011



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3209301 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MALONEY, FRANK E JR.  
2 EAST MACCLENNY AVENUE  
MACCLENNY, FL 32063

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVE GENE <i>LaVice Amellwood</i>
STREET ADDRESS	<del>ROUTE 3, BOX 62</del> <i>6793 Bonadale Rd</i>
CITY-ST-ZIP	<del>GLEN ST. MARY, FL</del> <i>Macclenny, Fla 32063</i>
TITLE	<del>STREAS.</del>
NAME	ROWE, JAMES O
STREET ADDRESS	<del>1000 E. 10th St</del> <i>P.O. Box 343</i>
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	S
NAME	<del>CAROL ANN</del> <i>Pauline A. Gore</i>
STREET ADDRESS	<del>RT 1 BOX 975C</del> <i>1128 Coppengate Pl.</i>
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 *James O. Rowe* JAMES O. ROWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/06*

Date

*904 259 2730*

Daytime Phone #