2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P93000069822

Entity Name: BAKER COUNTY PROPERTIES, INC.

Current Principal Place of Business:

2 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

2 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3209301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMALLWOOD, LA VIECE
Address: 6793 SANDADALE RD
City-St-Zip: MACCLENNY, FL 32063

Title: T ( ) Delete
Name: ROWE, JAMES O
Address: P.O. BOX 343
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Delete
Name: GORE, PAULINE A
Address: 1128 COPPERGATE PL
City-St-Zip: MACCLENNY, FL 32063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: BRADLEY, PEARL
Address: 10544 HILLSIDE DRIVE
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POLLY GORE S 03/15/2007

Electronic Signature of Signing Officer or Director Date