


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000000088 1. Entity Name MARTHA GARCIA-BAKER, C.P.A., P.A.		
Principal Place of Business 2210 N.W. 20TH TERRACE GAINESVILLE, FL 32605	Mailing Address 2210 N.W. 20TH TERRACE GAINESVILLE, FL 32605	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent CAPITAL CONNECTION INC. 417 E. VIRGINIA STREET STE. 1 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
8. The above nar omits 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 obligation of the agent.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>		DATE _____
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		U00000409278 02/08/06-80074-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARCIA-BAKER, MARTHA 2210 N.W. 20TH TERRACE GAINESVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAKER, STEPHEN P. 2210 NW 20 TERRACE GAINESVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 637, 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 empowerments.		
SIGNATURE: <i>Martha Garcia-Baker</i> (Martha Garcia-Baker) Pres 1/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 352-372-6381



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3215891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	