

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 016 \*\*\*150.00

**DOCUMENT # P94000092840**

1. Entity Name  
**BAKER & ZIMMERMAN, P.A. TRIAL ATTORNEYS**



Principal Place of Business Mailing Address  
6991 NORTH STATE RD 7 6991 NORTH STATE RD 7  
2ND FLOOR 2ND FLOOR  
PARKLAND, FL 33073 US PARKLAND, FL 33073 US

**50000911**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3294259**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BAKER, ROBERT~~  
~~6991 NORTH STATE RD 7~~  
~~2ND FLOOR~~  
~~PARKLAND, FL 33073~~

Name Baker, Robert, Esq.  
Street Address (P.O. Box Number is Not Acceptable)

6991 North State Rd 7, 2nd Fl.  
City Parkland **FL** Zip Code 33073

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, 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 PS ☐ Delete  
NAME BAKER, ROBERT B  
STREET ADDRESS 6991 NORTH STATE RD 7 2ND FLOOR  
CITY-ST-ZIP PARKLAND, FL 33073

TITLE PS ☒ Change ☐ Addition  
NAME Baker, Robert B. Esq.  
STREET ADDRESS 6991 North State Rd 7, 2nd Fl  
CITY-ST-ZIP Parkland, FL 33073

TITLE VP ☐ Delete  
NAME ZIMMERMAN, ROBERT  
STREET ADDRESS 6991 NORTH STATE RD 7 2ND FLOOR  
CITY-ST-ZIP PARKLAND, FL 33073

TITLE VP ☒ Change ☐ Addition  
NAME Zimmerman, Robert, Esq.  
STREET ADDRESS 6991 North State Rd 7, 2nd Fl  
CITY-ST-ZIP Parkland, FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07 954-509-1900

Date

Daytime Phone #