## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000092840

1. Entity Name

**BAKER & ZIMMERMAN, P.A. TRIAL ATTORNEYS** 



**FILED** Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

6991 NORTH STATE RD 7 2ND FLOOR

PARKLAND, FL 33073

Mailing Address

6991 NORTH STATE RD 7 2ND FLOOR

PARKLAND, FL 33073



DO NOT WRITE I	IN THIS	<b>SPACE</b>
----------------	---------	--------------

01082008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3294259 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

changed, or on an attachment with

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

1/31/09

			• • •		
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		d Agent eigneture required when reinstalling)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS	9.	and the second second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAKER, ROBERT B ESQ 6991 NORTH STATE RD 7 2ND FLOO PARKLAND, FL 33073	DR		U00000812682	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMMERMAM, ROBERT ESQ 6991 NORTH STATE RD 7 2ND FLOO PARKLAND, FL 33073	). DR		02/12/08-90059-007 150:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I nereby certify that the information supplied with this filing these 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 securate 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Pall other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR