

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 026 ***150.00

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1. Entity Name
BAKER AND SONS PLUMBING CORP.



Principal Place of Business
**2951 SE DOMNICA TERR
STUART, FL 34-9977 US**

Mailing Address
**2951 SE DOMNICA TERR
STUART, FL 34-9977 US**

14012325



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0636663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, DENNIS
718-B NE 12TH TERR
BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BAKER, DENNIS A**
STREET ADDRESS **718-8 NE 12 TERRACE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **VD** ☐ Delete
NAME **BAKER, PHILIP F**
STREET ADDRESS **6773 ASHBURN ROAD**
CITY-ST-ZIP **LAKE WORTH, FL 33462**

TITLE **S** ☐ Delete
NAME **BAKER, PHILIP F**
STREET ADDRESS **6773 ASHBURN RD**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BAKER, DENNIS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1119 SW BLUE WATER WAY**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dennis A Baker Pres. **Dennis A Baker** 4/27/05 (772) 463 1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #