

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000009980

1. Entity Name
LARRY J. BAKER & ASSOCIATES, INC.



Principal Place of Business
7800 W SAND LAKE
STE 205
ORLANDO, FL 32819 US

Mailing Address
7800 W SAND LAKE
STE 205
ORLANDO, FL 32819 US

FILED

06 SEP 18 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-7664293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, LARRY J
1800 WEST SAND LAKE RD
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

300080193483

09/26/06--01072--022 **558 75

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAKER, LARRY J
STREET ADDRESS 7575 DR. PHILLIPS BLVD., #270
CITY-ST-ZIP ORLANDO, FL 32819

TITLE P
NAME BAKER, LANNY J
STREET ADDRESS 7800 W SAND LAKE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #