2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P96000019533 1. Entity Name 04-14-2004 90058 026 ***150.00 J.J. BAKER CUSTOM HOMES, INC. Principal Place of Business Mailing Address P O BOX 1728 MARCO ISLAND FL 34146 1850 SAN MARCO ROAD ELEAFUEA SUITE C MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0647503 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, JOHN J Street Address (P.O. Box Number is Not Acceptable) 471 PEPPERWOOD 188 STARFISH CT MARCO ISLAND FL 34145 Zip Code 3 4/ 4 5 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE A Change ☐ Addition 471 Pepperwood CT. MARCO ISLAND, FLA 34145 De Change Ado NAME BAKER, JOHN J. NAME STREET ADDRESS 188 STARFISH CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE NAME BAKER, CAROL NAME Pepperwood Ct. O ISLAND, FLA STREET ADDRESS 188 STARFISH CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE Delete TITLE NAME "" BAKER, RICHARD * NAME: STREET ADDRESS 188 STARFISH CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TIT! F Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.