

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 22, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P96000019533**

1. Entity Name

J.J. BAKER CUSTOM HOMES, INC.



Principal Place of Business

471 PEPPERWOOD CT  
MARCO ISLAND, FL 34145 US

Mailing Address

P O BOX 1728  
MARCO ISLAND, FL 34146 US



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0647503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BAKER, JOHN J  
471 PEPPERWOOD CT.  
MARCO ISLAND, FL 34145

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000915047  
05/08/08-80082-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAKER, JOHN J
STREET ADDRESS	471 PEPPERWOOD CT.
CITY - ST - ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	BAKER, CAROL
STREET ADDRESS	471 PEPPERWOOD CT.
CITY - ST - ZIP	MARCO ISLAND, FL 34145
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:**

*Carol A Baker Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/08 239-394-3405  
Daytime Phone #