2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Sep 06, 2005 08:00 AM Secretary of State DOCUMENT # P96000087714 ... 1. Entity Name RANDY BAKER, INC. Principal Place of Business Mailing Address 1122 22ND AVE NO NAPLES FL 34103 US 1122 22ND AVE NO NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, # etc. 2nd MOORE CR2E034 (5/05) City & State City & State Applied For 4. FE! Number 65-0702367 Not Applicable Zip Country Zip 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 Name BAKER, RANDY Street Address (P.O. Box Number is Not Acceptable) 1122 N. AVENUE N NAPLES FL 34103 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: Regulated Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVPS** Delete TITLE UHE Change ☐ Addition BAKER, RANDY NAME U00000377752 1122 22ND AVE NORTH STREET ADDRESS STREET ADDRESS 09/07/05-80012-003 150.00 City St-7/P NAPLES FL CLEY-SE-ZIP HILE ☐ Delete ☐ Change THEE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZiP CHY-ST-ZIP THU Delete Change ☐ Addition NACAF NAME STHEET MODRESS SUPERT ADDRESS CITY-ST-ZIP CHY-ST-ZIE met Delete 1:UE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CHIY-ST-ZIP 31114 Delete TOTAL ☐ Change ☐ Addition NAME STREET ADDRESS JUNE LADORESS CDY ST-7IP UIIY-SI-ZP THE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS Crim-St-ZIP CHY SI-ZIP

**FILED** 

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:

SIGNATURE: