2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102945

Entity Name: BAXTER ENTERPRISES OF NORTH FLORIDA, INC.

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7937 PINE LAKE ROAD 2603 SHADES CLIFF CIRCLE

JACKSONVILLE, FL 32256 JASPER, AL 35504

Current Mailing Address: New Mailing Address:

2603 SHADES CLIFF CICLE
JASPER, FL 35504 US

2603 SHADES CLIFF CIRCLE
JASPER, AL 35504 US

FEI Number: 59-3422161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRANT, ABRAHAM, REITER, & MCCORMICK,PA 50 N LAURA STREET SUITE 3100 JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: MAE RICE FRANCES BAX, TER
Address: 7937 PINE LAKE ROAD Address: 2603 SHADES CLIFF CIRCLE
Office St. Zin: MACKECAN/ILLE EL 20068

Address. 7937 PINE LAKE ROAD Address. 2003 SHADES CLIPP CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JASPER, AL 35504 US

Title: Title: (X) Change () Addition () Delete LIONEL F. BAXTER, JR, Name: LIONEL F. BAXTER, JR, Name: 2603 SHADES CLIFF CIRCLE Address: 2603 SHADES CLIFF CIRCLE Address: JASPER, AL 35504 JASPER, AL 35504 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIONEL F BAXTER JR DIR 02/26/2009