2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

DOCUMENT # P9700002658 1. Entity Name BAXLEY SERVICES, INC.					5.	cretar	y or State
Principat Plac		failing Address	*****				
13451 HWY JAY, FL 325	••	PO BOX 828 Jay, Fl. 32565 US					
					a la in lac ii ta ni lai n la in		U EWENERWER WALL
				04182007	No Chg-P	CR2E034 (1	11/05)
D	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb			Applied For Not Applicable
					of Status Desired		75 Additional Required
	6. Name and Address of Current Reg	stered Agent		.1			
BAXLEY, JOHN L 13451 HWY 89 JAY, FL 32565			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.				oth, in the State of Flo		ar with, and accept
	Signature, typed or printed name of (egistered agent and bi	e if applicable. (NOTE: Register	red Agent signature require	d when reinstating)	1	DATE	· · · · · · · · · · · · · · · · · · ·
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME	PST BAXLEY, JOHN L						
STREET ADDRESS	13451 HWY 89 JAY, FL 32565		l l				
TITLE	V		-		Henaca"	722522	
NAME STREET ADDRESS	BAXLEY, JOYCE 13451 HWY 89				U000001 -27/02/07	90075-010	150.00
CITY-ST-ZIP	JAY, FL 32565		_				
TITLE							

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 attactment with an address with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIES

ohn L Baxley "

850675 WE

Daylime Phone #