


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90152 049 ***150.00

DOCUMENT # P97000049890 1. Entity Name BAKEWELL, INC.			
Principal Place of Business 9320 LAKE FISHER BLVD GOTHA, FL 34734		Mailing Address 9320 LAKE FISHER BLVD GOTHA, FL 34734	
2. Principal Place of Business 9320 LAKE FISHER BLVD Suite, Apt. #, etc.		3. Mailing Address 9320 LAKE FISHER BLVD Suite, Apt. #, etc.	
City & State GOTHA FL		City & State GOTHA FL	
Zip 34734		Zip 34734	
Country		Country	
4. FEI Number 59-3471668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASIR, NAEEM 8126 LESIA CIRCLE ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name NASIR, NAEEM Street Address (P.O. Box Number is Not Acceptable) 9320 LAKE FISHER BLVD City GOTHA FL Zip Code 34734	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASIR, NAEEM 9320 LAKE FISHER BLVD GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 26, 2004 (407)697-8855 Date Daytime Phone #	