


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90314 013 \*\*\*150.00

**DOCUMENT # P97000051450**

1. Entity Name  
**R M BAEHR AND ASSOCIATES, INC.**



Principal Place of Business  
**335 HAVENDALE BLVD  
 AUBURNDALE, FL 33823**

Mailing Address  
**335 HAVENDALE BLVD  
 AUBURNDALE, FL 33823**

**DO NOT WRITE IN THIS SPACE**

14000231



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3450908</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAEHR, RUTH M  
 335 HAVENDALE BLVD  
 AUBURNDALE, FL 33823**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAEHR, RUTH M 501 OAKRIDGE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAEHR, GEORGE E 501 OAKRIDGE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRO <del>BAEHR, DONALD</del> <i>Baehr</i> 335 HAVENDALE BLVD AUBURNDALE, FL 33823 <i>Drop</i>
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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:** *Ruth Baehr* **4/22/05** **863-965-1161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #