

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

04-27-2005 90314 013 ***150.00

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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



03012005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

BAEHR, RUTH M
 335 HAVENDALE BLVD
 AUBURNDALE, FL 33823

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 BAEHR, DONALD <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 #