

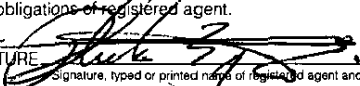
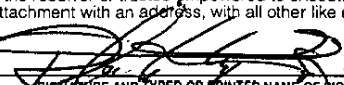


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90047 049 ***150.00

DOCUMENT # P98000020587 1. Entity Name BAKERCOM CORPORATION																																																																																																																													
Principal Place of Business 6911 GREENHILL PLACE TAMPA, FL 33617			Mailing Address 6911 GREENHILL PLACE TAMPA, FL 33617																																																																																																																										
2. Principal Place of Business 5149 E Whiteway Dr.		3. Mailing Address 5149 E Whiteway Dr.																																																																																																																											
Suite, Apt. #, etc. 7		Suite, Apt. #, etc. 		04082004 Chg-P CR2E034 (10/03)																																																																																																																									
City & State Temple Terrace, FL		City & State Temple Terrace, FL		4. FEI Number 59-349165-20-0971248																																																																																																																									
Zip 33617		Zip 33617		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ROGER, RHONDA L. 6911 GREENHILL PLACE TAMPA, FL 33617				7. Name and Address of New Registered Agent Name Philip G. Prevatte Street Address (P.O. Box Number is Not Acceptable) 5149 E Whiteway Dr. City Temple Terrace FL Zip Code 33617																																																																																																																									
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 4/7/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
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																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">CVP</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAKER, CINDY LEIGH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6911 GREENHILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33617</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COSCARRELLI, DANIELLE D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6911 GREENHILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33617</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RIPPON, WENDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6911 GREENHILL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33617</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">CVP</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Philip G. Prevatte</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5149 E Whiteway Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Temple Terrace, FL 33617</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	CVP	<input checked="" type="checkbox"/> Delete	NAME	BAKER, CINDY LEIGH		STREET ADDRESS	6911 GREENHILL PLACE		CITY-ST-ZIP	TAMPA, FL 33617		TITLE	ST	<input checked="" type="checkbox"/> Delete	NAME	COSCARRELLI, DANIELLE D		STREET ADDRESS	6911 GREENHILL PLACE		CITY-ST-ZIP	TAMPA, FL 33617		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RIPPON, WENDY		STREET ADDRESS	6911 GREENHILL PLACE		CITY-ST-ZIP	TAMPA, FL 33617		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	CVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Philip G. Prevatte		STREET ADDRESS	5149 E Whiteway Dr.		CITY-ST-ZIP	Temple Terrace, FL 33617		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 like empowered.																																																																																																																													
SIGNATURE:  DATE 4/7/04 DAYTIME PHONE # 813 892-7428 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													