

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000046694 1. Entity Name BAXTER ENTERPRISES, INC.																										
Principal Place of Business 4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210	Mailing Address 4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210																									
DO NOT WRITE IN THIS SPACE																										
03142006 No Chg P CR2E034 (11/05) 4. FCI Number 59-3511555 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																										
5. Name and Address of Current Registered Agent BAXTER, CURTIS 4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210																										
DO NOT WRITE IN THIS SPACE																										
6. 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: 4-18-06 DATE																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">File Name</td> <td>DP</td> </tr> <tr> <td>Street Address</td> <td>BAXTER, CURTIS</td> </tr> <tr> <td>City/State/Zip</td> <td>4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210</td> </tr> <tr> <td>File Name</td> <td></td> </tr> <tr> <td>Street Address</td> <td></td> </tr> <tr> <td>City/State/Zip</td> <td></td> </tr> <tr> <td>File Name</td> <td></td> </tr> <tr> <td>Street Address</td> <td></td> </tr> <tr> <td>City/State/Zip</td> <td></td> </tr> <tr> <td>File Name</td> <td></td> </tr> <tr> <td>Street Address</td> <td></td> </tr> <tr> <td>City/State/Zip</td> <td></td> </tr> </table> U00000524339 05/03/06-80106-023 150.00 DO NOT WRITE IN THIS SPACE			File Name	DP	Street Address	BAXTER, CURTIS	City/State/Zip	4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210	File Name		Street Address		City/State/Zip		File Name		Street Address		City/State/Zip		File Name		Street Address		City/State/Zip	
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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 attachment with an address, with all other like empowered. SIGNATURE: 4/18/06 Date																										