2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State DOCUMENT # P98000046694 1. Entity Name BAXTER ENTERPRISES, INC. Principal Place of Business Mailing Address **4609 WESCONNETT BOULEVARD 4609 WESCONNETT BOULEVARD** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 CR2E034 (11/05) 04182007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3511555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAXTER, CURTIS DO NOT WRITE 4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210 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/ Curtis Baxter 4-26-07 president SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000754459 05/22/07-80062-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAXTER, CURTIS NAME STREET ADDRESS 4609 WESCONNETT BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the Information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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