

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073603

Entity Name: BAKER TITLE & ESCROW CO., INC.

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

553 EAST MACCLENLY AVENUE
MACCLENLY, FL 32063

New Principal Place of Business:

Current Mailing Address:

553 EAST MACCLENLY AVENUE
MACCLENLY, FL 32063

New Mailing Address:

FEI Number: 59-3529189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR.
445 EAST MACCLENLY AVE
MACCLENLY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALLUPS, JUDY
Address: 15150 C R 124
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: GALLUPS, JIMMY
Address: 15150 C R 124
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: SMITH, TINA
Address: P.O. BOX 82
City-St-Zip: MACCLENLY, FL 32063

Title: D () Delete
Name: MALONEY, BARBARA
Address: 6189 N RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

Title: D () Delete
Name: MALONEY, FRANK E JR.
Address: 6189 N RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA SMITH

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date