


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90072 005 \*\*\*150.00

<b>DOCUMENT # P98000086554</b>	
1. Entity Name <b>G. BAKER &amp; F. BAKER, INC.</b>	

Principal Place of Business <b>868 BLANDING BLVD STE 107 ORANGE PARK FL 32065</b>	Mailing Address <b>868 BLANDING BLVD STE 107 ORANGE PARK FL 32065</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>1845 TOWN CENTER BLVD. SUITE, APT. #, etc. BUILDING 100, SUITE 130 ORANGE PARK, FL.</b>	3. Mailing Address <b>P.O. BOX 9959 SUITE, APT. #, etc. FLEMING ISLAND, FL.</b>
City & State <b>ORANGE PARK, FL.</b>	City & State <b>FLEMING ISLAND, FL.</b>
Zip <b>32003</b>	Zip <b>32006</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3539632</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAKER, FLOYD E 868 BLANDING BLVD STE 107 ORANGE PARK FL 32065</b>	7. Name and Address of New Registered Agent Name <b>FLOYD E. BAKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1845 TOWN CENTER BLVD BUILDING 100, SUITE 130 ORANGE PARK FL 32003</b>
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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 <u><i>Floyd E. Baker</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, GERALDINA P.O. BOX 29 HAMPTON FL 32044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, FLOYD E P.O. BOX 29 HAMPTON FL 32044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Geraldina V. Baker</i></u> <b>GERALDINA V. BAKER</b> 2-1-05 276-1010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	