

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90069 036 \*\*\*150.00

**DOCUMENT # P98000086554**

1. Entity Name

G. BAKER & F. BAKER, INC.



Principal Place of Business

1845 TOWN CENTER BOULEVARD  
BUILDING 100 SUITE 130  
ORANGE PARK FL 32003

Mailing Address

P.O. BOX 9959  
FLEMING ISLAND FL 32006

2. Principal Place of Business

1728 Kingsley Ave

Suite, Apt. #, etc.

SUITE - 105

City & State

ORANGE PARK, FL.

Zip

32073

Country

FLA

3. Mailing Address

1728 Kingsley Ave.

Suite, Apt. #, etc.

105

City & State

ORANGE PARK, FL

Zip

32073

Country

FLA

1st MOORE

CR2E034 (10/05)



4. FEI Number

59-3539632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, FLOYD E  
1845 TOWN CENTER BOULEVARD  
BUILDING 100 SUITE 130  
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BAKER, GERALDINA  
STREET ADDRESS P.O. BOX 29  
CITY-ST-ZIP HAMPTON FL 32044

TITLE V ☐ Delete  
NAME BAKER, FLOYD E  
STREET ADDRESS P.O. BOX 29  
CITY-ST-ZIP HAMPTON FL 32044

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Geraldina V. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06

(904) 541-1570

Date

Daytime Phone #