

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000092013**

1. Entity Name  
**BAKER STREET REALTY, INC.**



Principal Place of Business  
**633 NORTH BAKER STREET  
MOUNT DORA, FL 32757 US**

Mailing Address  
**633 NORTH BAKER STREET  
MOUNT DORA, FL 32757 US**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3544615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DOGGETT, JEANETTE A  
29322 DAVID COURT  
TAVARES, FL 32778**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COX, CHARLES H
STREET ADDRESS	820 NORTHSIDE DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	D
NAME	COX, BETTYE J
STREET ADDRESS	820 NORTHSIDE DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	D
NAME	DOGGETT, JEANETTE A
STREET ADDRESS	29322 DAVID COURT
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000275842  
03/25/05-80014-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Bettye J. Cox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 352-383-3200  
Date Daytime Phone #