


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90031 045 \*\*\*150.00

<b>DOCUMENT # P98000092013</b>	
1. Entity Name <b>BAKER STREET REALTY, INC.</b>	

Principal Place of Business <b>633 NORTH BAKER STREET MOUNT DORA, FL 32757 US</b>	Mailing Address <b>633 NORTH BAKER STREET MOUNT DORA, FL 32757 US</b>
--	--

40043100



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>DOGGETT, JEANETTE A 29322 DAVID COURT TAVARES, FL 32778</b>	
---	--

7. Name and Address of New Registered Agent	
Name	<b>DOGGETT, JEANETTE A</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>32101 WOLFBRANCH LANE</b>	
City	<b>SORRENTO FL</b>
Zip Code	<b>32776</b>

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
-----------	--	------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, CHARLES H	NAME	COX, CHARLES H
STREET ADDRESS	820 NORTHSIDE DRIVE	STREET ADDRESS	8034 PINEHOLLOW DR
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BETTYE J	NAME	COX, BETTYE J
STREET ADDRESS	820 NORTHSIDE DRIVE	STREET ADDRESS	8034 PINEHOLLOW DR
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOGGETT, JEANETTE A	NAME	DOGGETT, JEANETTE A
STREET ADDRESS	29322 DAVID COURT	STREET ADDRESS	32101 WOLFBRANCH LANE
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: <u>Bettye J. Cox</u>	Date: <u>3/10/08</u>	Daytime Phone #: <u>352-383-3200</u>
---------------------------------	----------------------	--------------------------------------

BETTYE J. COX