



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90103 037 \*\*\*150.00

<b>DOCUMENT # P99000068277</b> 1. Entity Name <b>J. M. BAKER COMPANY, INC.</b>					
Principal Place of Business <b>777 ALHAMBRA AVE. ST. AUGUSTINE, FL 32086</b>			Mailing Address <b>223 BARACOA CT. ST. AUGUSTINE, FL 32086</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip - - - Country		3. Mailing Address <b>4255 US 1 South Suite 18, Box B25 St. Augustine, FL</b> Zip - - - Country <b>32086 USA</b>			
4. FEI Number <b>59-3614723</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202005 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>BAKER, JASON M 223 BARACOA CT. ST. AUGUSTINE, FL 32086</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Baker, Jason M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3681 Lone Wolf Trail</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32086</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAKER, JASON M 223 BARACOA CT. ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS BAKER, JASON M. 3681 LONE WOLF TRAIL ST. AUGUSTINE, FL 32086</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BAKER, SARAH E 223 BARACOA CT. ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BAKER, SARAH E. 3681 LONE WOLF TRAIL ST. AUGUSTINE, FL 32086</b> <input checked="" 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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					