

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000098393

1. Entity Name  
BAXTER ENTERPRISES OF MARION COUNTY, INC.



**FILED  
Apr 11, 2007 8:00 am  
Secretary of State**

04-11-2007 90037 003 \*\*\*150.00

Principal Place of Business  
P. O. BOX 739  
MCINTOSH, FL 32664

Mailing Address

P. O. BOX 739  
MCINTOSH, FL 32664

2. Principal Place of Business - No P.O. Box #  
**20500 NW 65th Avenue**

3. Mailing Address  
**P. O. Box 298**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**McIntosh, FL**

City & State  
**McIntosh, FL**

Zip  
**32664-0298**

Zip  
**32664**

Country  
**USA**

Country  
**USA**

4. FEI Number  
**59-3606357**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional  
Fee Required -**

6. Name and Address of Current Registered Agent

BAZEMORE, J.L.  
20500 NW 65TH AVE.  
PO BOX 739  
MCINTOSH, FL 32664

Name  
**BAZEMORE, J.L.**

Street Address (P.O. Box Number is Not Acceptable)  
**20500 NW 65TH AVENUE**

City  
**MCINTOSH** FL Zip Code  
**32664-0739**

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)

*3/30/07*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZEMORE, JOHN L 20500 NW 65TH AVENUE MCINTOSH, FL 32664	<input checked="" 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	VP BAZEMORE, WILLIAM D 20500 NW 65TH AVENUE MCINTOSH, FL 32664	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P Bazemore, William D 20500 NW 65th Avenue McIntosh, FL 32664</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAZEMORE, PATRICIA I 20500 NW 65TH AVENUE MCINTOSH, FL 32664	<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 BAZEMORE, TRACY L 20500 NW 65TH AVENUE MCINTOSH, FL 32664	<input checked="" 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
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 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: *John D. Baze*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #