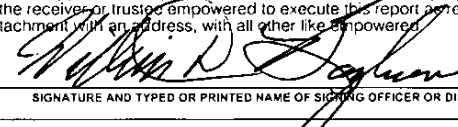


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90037 003 ***150.00

DOCUMENT # P99000098393 1. Entity Name BAXTER ENTERPRISES OF MARION COUNTY, INC.					
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		4. FEI Number 59-3606357	
Zip 32664-0298		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent 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  DATE 3/30/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P Bazemore, William D 20500 NW 65th Avenue McIntosh, FL 32664
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:  Date 30 Mar 07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					