## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000098393

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MCINTOSH, FL 32664

BAZEMORE, TRACY L

MCINTOSH, FL 32664

20500 NW 65TH AVENUE

() Delete

Entity Name: BAXTER ENTERPRISES OF MARION COUNTY, INC

FILED Apr 22, 2008 Secretary of State

Littly Nai	ile. DAXIL	R LIVIERFRISES OF WARIOF	N COOM I	, IIVC.			
Current Principal Place of Business:				New Principal Place of Business:			
	64TH AVE H, FL 32664	1		20500 NW MCINTOSH	65TH AVE H, FL 32664		
Current M	ailing Addı	ress:		New Maili	ng Address	:	
P. O. BOX MCINTOSI	298 H, FL 32664	1		P. O. BOX MCINTOSH	739 H, FL 32664		
FEI Number:	59-3606357	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desire	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BAZEMORE, J.L. 20500 NW 65TH AVE. MCIUTOSH, FL 32664 US				BAZEMORE, J.L. 20500 NW 65TH AVE. MCINTOSH, FL 32664 US			
The above in the State		y submits this statement for the	e purpose o	f changing i	ts registered	office or registered agent,	or both,
SIGNATURE:				04/22/2008			
	Electr	onic Signature of Registered A	gent			Date	
Election Can	npaign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BAZEMORE	5TH AVENUE		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BAZEMORE	( ) Delete , WILLIAM D 5TH AVENUE FL 32664		Title: Name: Address: City-St-Zip:	VP ( BAZEMORE, 20500 NW 65 MCINTOSH, F	STH AVENUE	
Title: Name: Address:	BAZEMORE	( ) Delete , PATRICIA I 5TH AVENUE		Title: Name: Address:	(	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: J.L.BAZEMORE P 04/22/2008

() Change () Addition