

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 018 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P99000109226 1. Entity Name RICHARD O. BALDWIN, JR. COMPANY | |  | |
| Principal Place of Business 500 OSCEOLA AVENUE #509 WINTER PARK, FL 32789 | | Mailing Address 500 OSCEOLA AVENUE #509 WINTER PARK, FL 32789 | |
| 2. Principal Place of Business 1550 Dale Avenue Suite, Apt. #, etc. | | 3. Mailing Address 1550 Dale Avenue Suite, Apt. #, etc. | |
| City & State Winter Park, FL Zip 32789 | | City & State Winter Park, FL Zip 32789 | |
| Country U.S. | | Country U.S. | |
| 4. FEI Number 59-3616563 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required. | |
| 6. Name and Address of Current Registered Agent BALDWIN, RICHARD O JR. 500 OSCEOLA AVENUE #509 WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1550 Dale Avenue City Winter Park FL Zip Code 32789 | |
| 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 <input checked="" type="checkbox"/> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D | NAME BALDWIN, RICHARD O JR. | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1550 DALE AVE | CITY-ST-ZIP WINTER PARK, FL 32789 | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| 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. | | | |
| SIGNATURE: <input checked="" type="checkbox"/> Richard O. Baldwin - President | | Date 4-28-04 Daytime Phone # 407-629-7882 | |