


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V10935 1. Entity Name J.R. BAKER, INC.	
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Principal Place of Business 1050 17TH ST NW STE 700 WASHINGTON, DC 20036 US	Mailing Address 1050 17TH ST NW STE 700 WASHINGTON, DC 20036 US
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1624717

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FISCHEFFE, JAMES A.
50 N LAURA ST
STE 2800
JACKSONVILLE, FL 32202-3650

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	JOSEPH, ALLEN T
STREET ADDRESS	1050 17TH ST NW #700
CITY-ST-ZIP	WASHINGTON, D 20036
TITLE	PD
NAME	BAKER, BRENDA V
STREET ADDRESS	4 STONE GLEN COURT
CITY-ST-ZIP	DURHAM, NC 27712
TITLE	SEC
NAME	SCHIMMING, BRIAN B
STREET ADDRESS	1050 17TH ST NW #700
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN T JOSEPH

Date

Daytime Phone #

1/8/04