

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 050 ***150.00

DOCUMENT # V48687

1. Entity Name

BAKER COUNTY STANDARD, INC.



Principal Place of Business

**2 E. MACCLENNY AVE.
MACCLENNY FL 32063**

Mailing Address

**2 E. MACCLENNY AVE.
MACCLENNY FL 32063**

50019801



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3134149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARR, WAYNE S
9682 BARBER LOOP RD
MACCLENNY FL 32063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	EP	<input checked="" type="checkbox"/> Delete
NAME	GRAY, PATRICIA D	
STREET ADDRESS	1171 SOUTH 6TH STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, TINA	
STREET ADDRESS	515 SOUTH SIXTH STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, WAYNE S	
STREET ADDRESS	9682 BARBER LOOP RD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VONK, RONALD	
STREET ADDRESS	7861 FOREST CIRCLE	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, R.H.	
STREET ADDRESS	PO BOX 387	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMALLWOOD, LAVIECE	
STREET ADDRESS	6793 SANDSDALE ROAD	
CITY-ST-ZIP	MACCLENNY FL 32063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Starling	
STREET ADDRESS	6704 Ira Starling Road	
CITY-ST-ZIP	Macclenny FL 32063	
TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne S. Carr	
STREET ADDRESS	9682 Barber Loop Drive	
CITY-ST-ZIP	Macclenny FL 32063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Ronnie O. Kirkland	
STREET ADDRESS	P.O. Box 368	
CITY-ST-ZIP	Glen St Mary FL 32040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Crawford	
STREET ADDRESS	1 Wildcat Drive	
CITY-ST-ZIP	Glen St. Mary FL 32040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #