

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48687

FILED  
May 01, 2009  
Secretary of State

Entity Name: BAKER COUNTY STANDARD, INC.

## Current Principal Place of Business:

2 E. MACCLENNEY AVE.  
MACCLENNEY, FL 32063

## New Principal Place of Business:

## Current Mailing Address:

2 E. MACCLENNEY AVE.  
MACCLENNEY, FL 32063

## New Mailing Address:

FEI Number: 59-3134149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMALLWOOD, LAVIECE  
6793 SANDSDALE ROAD  
MACCLENNEY, FL 32063 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMALLWOOD, LAVIECE M  
Address: 6793 SANDSDALE ROAD  
City-St-Zip: MACCLENNEY, FL 32063

Title: VP ( ) Delete  
Name: BRADLEY, PEARL  
Address: 10554 HILLSIDE  
City-St-Zip: MACCLENNEY, FL 32063

Title: T ( ) Delete  
Name: DAVIS, R. H.  
Address: 11975 N. S.R. 121  
City-St-Zip: MACCLENNEY, FL 32063

Title: SEC ( ) Delete  
Name: RON, VONK  
Address: 7861 FOREST CIRCLE  
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D ( ) Delete  
Name: LONG, DAVID  
Address: 4156 RAINTREE DRIVE  
City-St-Zip: MACCLENNEY, FL 32040

Title: D ( ) Delete  
Name: ROWE, BOBBIE SUE  
Address: 428 S. SECOND STREET  
City-St-Zip: MACCLENNEY, FL 32063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LAVIECE SMALLWOOD

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date