



BA20242271170



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20242271170

Date Filed: 12/27/2024

B3298-9585 12/27/2024 9:47 AM Received by California Secretary of State

Entity Details			
Corporation Name	Kirk Baker Insurance and Financial Services, Inc.		
Entity No.	6500987		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355		
Mailing Address of Corporation			
Mailing Address	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355		
Officers			
Officer Name	Officer Address	Position(s)	
<input type="checkbox"/> Kirk G Baker	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355	Chief Executive Officer, Chief Financial Officer	
<input type="checkbox"/> STACY L Baker	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
<input type="checkbox"/> Kirk G Baker	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355		
<input type="checkbox"/> Stacy L Baker	28212 KELLY JOHNSON PARKWAY #240 VALENCIA, CA 91355		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	Valentina Demirchyan		
Agent Address	210 N PASS AVE STE 100 BURBANK, CA 91505		

Type of Business Type of Business	Insurance
Email Notifications Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Labor Judgment No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.	
Electronic Signature <input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. <i>VALENTINA DEMIRCHYAN</i> Signature	<i>12/27/2024</i> Date