


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000002459**  
 1. Entity Name  
**BAP CONSTRUCTION MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
 5350 SE 212TH CT                      P O BOX 249  
 MORRISTON, FL 32668                      MORRISTON, FL 32668

**DO NOT WRITE IN THIS SPACE**



02092005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3621613**      Not Applicable

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

8. Name and Address of Current Registered Agent  
**GURINO, LOUIS**  
**5350 SOUTHEAST 212TH COURT**  
**MORRISTON, FL 32668**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GURINO, LOUIS
STREET ADDRESS	5350 SOUTHEAST 212TH COURT
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000229406  
 02/14/05-80077-016 150.00

**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)(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:       2-11-05      (352) 508-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #