## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000097896

Entity Name: BAKFLO TEK, INC.

FILED Mar 29, 2004 Secretary of State

13391-113 GATEWAY DRIVE 7228 EMILY DRIVE

FT MYERS, FL 33919 FT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

PO BOX 07013 PO BOX 07013

FT MYERS, FL 33919 FT MYERS, FL 33919 US

FEI Number: 65-1045711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARLACHER, PAMELA E 7228 EMILY DRIVE FT MYERS, FL 33908 US

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete Title: DVP (X) Change ( ) Addition Name: PICCA, FRANCESCO Name: PICCA, FRANCESCO

 Name:
 PICCA, FRANCESCO
 Name:
 PICCA, FRANCESCO

 Address:
 PO BOX 7392
 Address:
 PO BOX 7392

 City-St-Zip:
 FT MYERS, FL 33911
 City-St-Zip:
 FT MYERS, FL 33911 US

Title: DVS ( ) Delete Title: DPS (X) Change ( ) Addi

Title: DVS () Delete Title: DPS (X) Change () Addition Name: HARLACHER, PAMELA E Name: HARLACHER, PAMELA E

 Address:
 PO BOX 07013
 Address:
 PO BOX 07013

 City-St-Zip:
 FT MYERS, FL 33919
 City-St-Zip:
 FT MYERS, FL 33919 US

Title: ( ) Delete Title: DT ( ) Change (X) Addition

 Name:
 Name:
 JONES, ELIZABETH K

 Address:
 Address:
 PO BOX 50833

 City-St-Zip:
 City-St-Zip:
 FT MYERS, FL 33994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA E. HARLACHER DPS 03/29/2004