

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097896

Entity Name: BAKFLO TEK, INC.

FILED
Sep 09, 2004
Secretary of State

Current Principal Place of Business:

7228 EMILY DRIVE
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 07013
FT MYERS, FL 33919 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP (X) Delete
Name: PICCA, FRANCESCO
Address: PO BOX 7392
City-St-Zip: FT MYERS, FL 33911 US

Title: DS () Delete
Name: HARLACHER, PAMELA E
Address: PO BOX 07013
City-St-Zip: FT MYERS, FL 33919 US

Title: DT (X) Delete
Name: JONES, ELIZABETH K
Address: PO BOX 50833
City-St-Zip: FT MYERS, FL 33994

Title: DFRO () Delete
Name: SCOTT, WAYNE A
Address: 108 GREENVIEW STREET
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: DP () Delete
Name: HARLACHER, SIERRA A
Address: PO BOX 07013
City-St-Zip: FT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: HARLACHER, PAMELA E
Address: PO BOX 07013
City-St-Zip: FT MYERS, FL 33919 US

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 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

DVST

09/09/2004

Electronic Signature of Signing Officer or Director

_____ Date