



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90011 015 \*\*\*150.00

<b>DOCUMENT # P02000108677</b> 1. Entity Name <b>THE BACKE GROUP, INC.</b>					
Principal Place of Business <b>27680 MARINA ISLE CT. BONITA SPRINGS, FL 34134</b>			Mailing Address <b>27680 MARINA ISLE CT. BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>13-3417893</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>01202005    Chg-P    CR2E034 (10/03)</span> <span style="font-size: 1.5em; font-weight: bold;">50011786</span> </div>					
					
<b>6. Name and Address of Current Registered Agent</b>  <b>BACKE, JOHN D 27680 MARINA ISLE CT. BONITA SPRINGS, FL 34134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BACKE, JOHN D</b> <b>27680 MARINA ISLE CT.</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BACKE, KATHERINE A</b> <b>27680 MARINA ISLE CT.</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BACKE, JOHN E</b> <b>CRICKET TERR CENTER</b> <b>ARDMORE, PA 19003</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>2/3/05</b> Daytime Phone #: <b>239-498-6009</b>		



## Division of Corporations

ATTACHMENT  
50011786

## Annual Report

Document Number

P02000108677

Business Entity Name

THE BACKE GROUP, INC.

FEI Number

133417893

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

27680 MARINA ISLE CT.

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code &amp; Country

34134

## Mailing Address

Address

27680 MARINA ISLE CT.

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code &amp; Country

34134

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BACKE

JOHN

D

-or- RA Business Name

Address

27680 MARINA ISLE CT.

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code &amp; Country

34134

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be

made with the full knowledge and permission of the individual, otherwise it constitutes  
forgery under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title P  
Name (Last, First, Middle, Title) BACKE, JOHN, D,  
-or- Entity Name  
Street Address 27680 MARINA ISLE CT.  
City, State BONITA SPRINGS, FL  
Zip Code & Country 34134

Title S  
Name (Last, First, Middle, Title) BACKE, KATHERINE, A,  
-or- Entity Name  
Street Address 27680 MARINA ISLE CT.  
City, State BONITA SPRINGS, FL  
Zip Code & Country 34134

Title V  
Name (Last, First, Middle, Title) BACKE, JOHN, E,  
-or- Entity Name  
Street Address CRICKET TERR CENTER  
City, State ARDMORE, PA  
Zip Code & Country 19003

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State

ATTACHMENT

#P02000108677

50011786

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

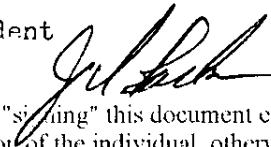
Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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