


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 005 ***150.00

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1. Entity Name
BACMAR PROPERTIES, INC.



| | |
|---|---|
| Principal Place of Business 1252 LIVINGSTON ROAD LUTZ, FL 33559 | Mailing Address 1252 LIVINGSTON ROAD LUTZ, FL 33559 |
|---|---|

900000



01262008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 42-1620109 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BACHTEL, JEFFREY M
1252 LIVINGSTON ROAD
LUTZ, FL 33559

7. Signature of Registered Agent

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, 2008 Fee will be \$550.00

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

(CK #1302)

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | V |
| NAME | BACHTEL, ALVIN |
| STREET ADDRESS | 22464 WEEKS BLVD. |
| CITY-ST-ZIP | LAND O' LAKES, FL 34639 |
| TITLE | P |
| NAME | BACHTEL, JAMESON |
| STREET ADDRESS | 1252 LIVINGSTON ROAD |
| CITY-ST-ZIP | LUTZ, FL 33559 |
| TITLE | ST |
| NAME | BACHTEL, JEFFREY |
| STREET ADDRESS | 18836 CARR DR. |
| CITY-ST-ZIP | LUTZ, FL 33559 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. Signature of Officer or Director

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Jeff Bachtel** **1-29-08** **(813)928-0841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #