

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 021 ***150.00

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1. Entity Name

BACKE INNOVATIONS, INC.

Principal Place of Business

**3043 OVERLOOK PL
CLEARWATER FL 33760**

Mailing Address

**3043 OVERLOOK PL
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN # 51-0503695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BACKE, MATTHEW
3043 OVERLOOK PL
CLEARWATER FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BACKE, MATTHEW**
CITY-ST-ZIP **3043 OVERLOOK PL
CLEARWATER FL 33760**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAKCE, MICHAEL**
CITY-ST-ZIP **3043 OVERLOOK PL
CLEARWATER FL 33760**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAKCE, JOHN**
CITY-ST-ZIP **6033 VENETIAN BLVD NE
ST PETERSBURG FL 33703**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BACKE, MARGIE**
CITY-ST-ZIP **8480 TALLAHASSEE DR NE
ST PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

727-567-8550

Daytime Phone #