

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 018 ***150.00

DOCUMENT # P04000160525

1. Entity Name

BACH INVESTMENT GROUP, INC.



Principal Place of Business

7680 UNIVERSAL BLVD STE 400
SUITE 380
ORLANDO, FL 32819

Mailing Address

7680 UNIVERSAL BLVD STE 400
SUITE 380
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1980479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, JOHN E JR
3306 MAGGIE BLVD.
SUITE A
ORLANDO, FL 32811

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUBBARD, JOHN E JR
STREET ADDRESS	3306 MAGGIE BLVD., A
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	CAMPÈSE, JEFFREY C
STREET ADDRESS	3306 MAGGIE BLVD., A
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	BATES, A DAVID
STREET ADDRESS	7680 UNIVERSAL BLVD., 300
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08 407-351-2330