

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000008824

1. Entity Name
BAK, INC.



Principal Place of Business
240 S PINEAPPLE AVE
10TH FLOOR
SARASOTA, FL 34236

Mailing Address
1991 MAIN STREET
BOX 183
SARASOTA, FL 34236



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0662821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAND, STEVEN C
1991 MAIN STREET
BOX 183
SARASOTA, FL 34236

**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	PTD
NAME	BAND, DAVID S
STREET ADDRESS	240 S PINEAPPLE AVE. 10TH FL
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	DV
NAME	KANE, STANLEY B
STREET ADDRESS	539 NORSOTA WAY
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	SD
NAME	KANE, DANIEL
STREET ADDRESS	614 S OWL DRIVE
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/26/08-80077-015 150.00

**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 #