2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000025269

1. Entity Name
JOHN BAUER GROUP INC.

Principal Place of Business	Mailing Address
3309 LAWSON BLVD DELRAY BEACH, FL 33445 US	3309 LAWSON BLVD DELRAY BEACH, FL 33445 US

DO NOT WRITE IN THIS SPACE

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

07102008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0741344	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BAUER, GARY J
3309 LAWSON BLVD
DELRAY BEACH, FL 33445

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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)

U000000355653
07/18/08--80006-017 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BAUER, GARY J
STREET ADDRESS	3309 LAWSON BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   7-10-08   561-495-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #