
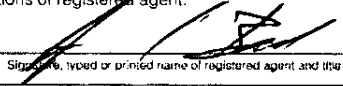
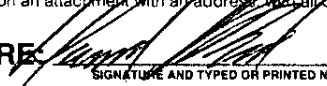


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90176 036 ***150.00

DOCUMENT # P97000082749 1. Entity Name BAK II, INC.					
Principal Place of Business 240 S PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236 US			Mailing Address 1991 MAIN STREET #183 SARASOTA, FL 34236 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 1991 Main Street Suite, Apt. #, etc. Box 183 City & State Sarasota, FL Zip Country 34236		
4. FEI Number 65-0783101			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAND, STEVEN C 1991 MAIN STREET #183 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Band, Steven C. Street Address (P.O. Box Number is Not Acceptable) 1991 Main Street Box 183 City State Zip Code Sarasota FL 34236	
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  Steven C. Band DATE 4/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAND, DAVID S 240 S PINEAPPLE AVE. 10TH FL SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANE, DANIEL 614 S OWL DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, and all other like empowered.					
SIGNATURE 		David S. Band, Director		Date Daytime Phone # 3/27/05 941-366-6660	