## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # P97000082749  1. Entity Name BAK II, INC.									-2006 90	-		
Principal Plac	ce of Busines	·s	M	ailing Address		1		<b>*</b> Y.**				
240 S PINEAPPLE AVENUE				1991 MAIN STREET					. 4			
1 10TH FLOOR				BOX 183			4. T	•				
SARASOTA, F		US		SARASOTA, FL 34236	US		•					
		55			00							
2. Principal Place of Business				3. Mailing Address								
							1 18 11 10		16 <b>20</b> 541 <b>20</b> 16 <b>2</b> 1	STEEL PROFILE CONTRACT	12811 81818 19	ITERI SI TRAI
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} <u>-</u> -							65-0	783101				ot Applicable
Zip	!	Country		Zip	Coun	ntry	5. Certific	ate of Status D	esired		8.75 Add	
	C N		4.5		<u> </u>				·		ee Require	d
}	6. Name	and Address of Curr	ent Regis	stered Agent		Name	7. Name a	nd Address o	T New Keg	istered Aç	gent	
BAND, STEVEN C						Name						
1991 MAIN		Γ			Street Addr	ress (P.O. Box Nu	nber is Not Ac	ceptable)				
BOX 183												
SARASOT	ΓA, FL 342	236										
ļ						City				FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or register												
8. The above	e named entit itions of regis	ty submits this statemei tered agent	nt for the p	purpose of changing its	register	ed office or re	gistered agent, or	both, in the St	ate of Floric	da. I am fa	miliar with,	and accept
SIGNATURE.												
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		d or printed name of registered a	agent and tale	if applicable. (NOT	E: Registere	ed Agent signature re	equired when reinstating		···	DATE		<del></del>
	Signature, typed			[- <del></del>						DATE		<del></del>
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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 orfustee empowered to execute this report as required by Chapter 807, 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.

CITY-ST-ZIP

SIGNATURE: \_

David S. Band David S. Band, Director

Daytime Phone #