# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # P97000082749

1. Entity Name
BAK II, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 240 S PINEAPPLE AVENUE<br>10TH FLOOR<br>SARASOTA, FL 34236   US | 1991 MAIN STREET<br>BOX 183<br>SARASOTA, FL  34236   US |

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01212008    No Chg-P    CR2E034 (11/05)

| 4. FEI Number<br>65-0783101 | 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

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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)        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 | |
| TITLE | |
| NAME | |
| 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: _Stanley B Kane_   Stanley B Kane   2/5/08   941-906-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #