


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 019 ***150.00

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| DOCUMENT # P98000087941 | | | |  | |
| 1. Entity Name BAYKAP, INC. | | | | | |
| Principal Place of Business 8445 S TAMiami TRAIL SARASOTA, FL 34238 US | | | Mailing Address PO BOX 868 OSPREY, FL 34229 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01122004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3547422 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KAPLAN, MARVIN 8445 S. TAMiami TRAIL SARASOTA, FL 34238 | | | Name <u>Marvin Kaplan</u> Street Address (P.O. Box Number is Not Acceptable) <u>8403 S. Tamiami Trail.</u> <u>9699 Cove Terrace</u> City <u>Sarasota</u> FL Zip Code <u>34238</u> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <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 | PTS KAPLAN, MARVIN 8445 S. TAMiami TRAIL SARASOTA, FL 34238 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS Marvin Kaplan 9699 Cove Terrace 8403 S. Tamiami Trail. Sarasota, FL 34238. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>1/13/04</u> Daytime Phone # <u>941-587-9000</u> | | |