

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2005 90018 018 ***150.00

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 P.O. Box 49586 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 49586 Suite, Apt. #, etc.	
City & State Sarasota Florida Zip 34230 Country USA.		City & State Sarasota Florida Zip 34230 Country USA.	
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 KAPLAN, MARVIN 8403 S. TAMIAMI TRAIL SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Marvin Kaplan Street Address (P.O. Box Number is Not Acceptable) 50 Central Ave. Unit 17B. City Sarasota FL Zip Code 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/16/05 <small>(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	PTS KAPLAN, MARVIN 8403 S. TAMIAMI TRAIL SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marvin Kaplan P.O. Box 49586 Sarasota, FL 34230.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE 3/16/05 Daytime Phone # 941-589-9000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			