## 2008 FOR PROFIT CORPORATION

**FILED** ate

ANNUAL REPORT					Feb 04, 2008 08:0			
DOCUI 1. Entity Nam BAKTEC,					S	Secreta	ry of Sta	
Principal Plac	e of Business	Mailing Address	<del> </del>					
7614 - 15TH ST. E. Sarasota, Fl. 34243		7614 - 15TH ST. E. Sarasota, Fl. 34243						
Thursday was a sufficient a	Production to the Board Service Control of the Cont	Production of the production of the first state of the st	a tan mandhe a manthar de 1821 M					
				)		11111 11611 61611 11611 1		
			À P	01302008	No Chg-P	CR2E034 (1	1/05)	
DO NOT WRITE IN THIS SPACE			UE (	4. FEI Numb 65-025			Applied For Not Applicable	
					of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent			ing the state of t	entitudes.	Ser Angelows, he got to		aquileo (	
7614-15Th	, RICHARD H. H ST. E. FA, FL 34243			NOT W THIS SP				
	named entity submits this statement for the first of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familia	r with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	tittle if applicable (NOTE Register)	ed Agent signature required	(when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE NAME	PRES   MAGUIRE, RICHARD H							
STREET AODRESS CITY-ST-ZIP	7614 -15TH ST. E. SARASOTA, FL 34243				A CONTROL OF THE PARTY OF THE P			
TITLE	CAI CABOTA, LE GAZIO				Linnago	A NEODE		
NAME STREET ADDRESS					02/13/08;	80050±01	2/150.00	
CITY-ST-ZIP					W. C. 200 (400)			
NAME								
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE				IN	THIS SF	ACE		
NAME STREET ADDRESS								
CITY-ST-ZIP			ON THE SECOND STATE OF		A STATE OF THE STA			
TITLE NAME								
STREET ADDRESS	,							
CITY-SI-ZIP TITLE								
` NAME	•		money of Consessions		Andrew Control			
STREET ADDRESS CITY-ST-ZIP		· ·					STATE ACCOUNT	

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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Richard H. Maguire, Pres.

01/30/08

941-359-1647

Daytime Phone #