


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S88715</b>	
1. Entity Name BAPOP HOLDINGS, INC.	

Principal Place of Business 2032 HILLVIEW ST SARASOTA, FL 34239 US	Mailing Address 2032 HILLVIEW ST SARASOTA, FL 34239 US
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0301070	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LAMBRECHT, WILLIAM G. 1550 RINGLING BLVD. SARASOTA, FL 34236
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IN THIS SPACE**

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 office address on file. (Name of Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BALLIETT, JOHN W. 2032 HILLVIEW ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT POPIELINSKI, JAMES G 2032 HILLVIEW ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LAMBRECHT, WG 1550 RINGLING BLVD SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000025053  
02/02/04-80090-010 158.75

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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.

<b>SIGNATURE:</b> 	1-23-04 941-364-9224
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>