2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V07810

1. Entity Name
BACAJE, INC.

Principal Place of Business	Mailing Address
7906 SWISS FAIRWAYS CLERMONT, FL 34711	7906 SWISS FAIRWAYS CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

03142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3113609	N t Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMM, DENISE
13114 SKIING PARADISE BLVD
CLERMONT, FL 34711

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORLET, IANNICK
STREET ADDRESS	7906 SWISS FAIRWAYS
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	B
NAME	MORLET, JEREMIE
STREET ADDRESS	7906 SWISS FAIRWAYS
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	B
NAME	MORLET, BASIL
STREET ADDRESS	7906 SWISS FAIRWAYS
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	B
NAME	MORLET, CAPICINE
STREET ADDRESS	7906 SWISS FAIRWAYS
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80050-010 150.00

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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: _____   04 0705   3524292178

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