


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90061 038 ***150.00

DOCUMENT # 179254
 1. Entity Name
BATEMAN, GORDON & SANDS, INC.



Principal Place of Business: **2413 E ATLANTIC BLVD**
POMPANO BEACH, FL 33062 US

Mailing Address: **P O BOX 1270**
POMPANO BEACH, FL 33061 US

40003012



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

4. FEI Number: **59-0715027**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SANDS, J., LARRY
405 NE 2ND ST
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent
 Name: **PATRICK L. CARANEA**
 Street Address (P.O. Box Number is Not Acceptable):
2215 CYPRESS ISLAND DR #506
 City: **POMPANO BEACH** FL Zip Code: **33069**

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]* **JAN 13 2005**

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: TD	NAME: SANDS, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS: 405 NE 2ND ST	CITY-ST-ZIP: POMPANO BEACH, FL 00000	
TITLE: PD	NAME: BROWN, W. DURAN	<input type="checkbox"/> Delete
STREET ADDRESS: 3711 NE 26 AVE.	CITY-ST-ZIP: LIGHTHOUSE PT., FL 33064	
TITLE: V	NAME: BUCHANAN, PETER	<input type="checkbox"/> Delete
STREET ADDRESS: 2821 N.E. 39TH STREET	CITY-ST-ZIP: LIGHTHOUSE POINT, FL	
TITLE: V	NAME: NEDERLANDEN, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS: 2500 NE 23RD ST	CITY-ST-ZIP: POMPANO BCH, FL 33062	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	NAME: SANDS, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 405 NE 2ND ST.	CITY-ST-ZIP: POMPANO BEACH FL 33060	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: ST	NAME: NANCY G. BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3711 NE 26 AVE	CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

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: *[Signature]* **JAN 13 2005 (954) 941-0900**

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