


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 032 ***150.00

DOCUMENT # L67947
 1. Entity Name
BATTLE AND ROOSEVELT, INC.



Principal Place of Business
 210 TANGIER AVE
 PALM BCH, FL 33480 US

Mailing Address
 210 TANGIER AVE.
 PALM BCH, FL 33480 US

50012856



2. Principal Place of Business
 277 ROYAL PALM BEACH BLVD
 Suite, Apt. #, etc. 102

3. Mailing Address
 277 ROYAL PALM BEACH BLVD
 Suite, Apt. #, etc. 102

01142005 Chg-P CR2E034 (10/03)

City & State
 PALM BEACH FL

City & State
 PALM BEACH FL

Zip Country
 33480 USA

4. FEI Number
 65-0194644

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROOSEVELT, AVA F
 240 TANGIER AVENUE
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BATTLE, ASHTON H.	
STREET ADDRESS	236 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROOSEVELT, AVA F.	
STREET ADDRESS	210 TANGIER AVE	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerment.

SIGNATURE: Ava Roosevelt Date: 1/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #