2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # L67947 1. Entity Name BATTLE AND ROOSEVELT, INC. Principal Place of Business Mailing Address 277 ROYAL POINSETTA WAY PALM BCH FL 33480 277 ROYAL POINSETTA WAY PALM BCH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0194644 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOSEVELT, AVA F Street Address (P.O. Box Number is Not Acceptable) 210 TANGIER AVENUE PALM BEACH FL 33480 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ A.J. TITLE Defete TITLE U00000405457 02/07/06-80041-011 150.00 NAME BATTLE, ASHTON H. MAME STREET ADDRESS 236 PHIPPS PLAZA STREET ADDRESS CITY-ST-ZIP PALM BCH FL 33480 CITY-ST-ZIP TITLE Delete TITLE Change Change Addi: NAME ROOSEVELT, AVA F. NAME STREET ADDRESS 210 TANGIER AVE STREET ADDRESS CUTY-ST-ZIP PALM BCH FL 33480 CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY - ST- ZIP DILE Delete URLE Change Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THILE ☐ Delete TITLE TT A.1 *** NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fying does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or truefee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

resident

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