

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092238

FILED
Apr 12, 2005
Secretary of State

Entity Name: BATES SONS & DAUGHTERS, INC.

Current Principal Place of Business:

81 BATES RD.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

81 BATES RD.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0542091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, JAMES D
81 BATES RD.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATES, JAMES D
Address: 81 BATES RD.
City-St-Zip: LAKE PLACID, FL

Title: VD () Delete
Name: BATES, DOROTHY R
Address: 81 BATES RD.
City-St-Zip: LAKE PLACID, FL

Title: TD () Delete
Name: BATES, SHERI
Address: 81 BATES RD.
City-St-Zip: LAKE PLACID, FL

Title: SD () Delete
Name: CANTWELL, TERRI
Address: 81 BATES RD.
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI BATES

TD

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date