


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000092238
 1. Entity Name
BATES SONS & DAUGHTERS, INC.



Principal Place of Business 81 BATES RD. LAKE PLACID, FL 33852	Mailing Address 81 BATES RD. LAKE PLACID, FL 33852
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0542091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BATES, JAMES D
 81 BATES RD.
 LAKE PLACID, FL 33852**

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, JAMES D 81 BATES RD. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATES, DOROTHY R 81 BATES RD. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATES, SHERI 81 BATES RD. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTWELL, TERRI 81 BATES RD. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80024-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Sheri Bates Sheri Bates 4-12-06 863-465-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #