


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P94000092238 1. Entity Name BATES SONS & DAUGHTERS, INC.	
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Principal Place of Business 81 BATES RD. LAKE PLACID, FL 33852	Mailing Address 81 BATES RD. LAKE PLACID, FL 33852
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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 *James D Bates* (NOTE: Registered Agent signature required when reinstating) **WE ARE (NOT CHANGING AGENT)** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000701952
 04/20/07-80079-005 150.00

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	

DO NOT WRITE IN THIS SPACE

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 4-9-7 863-465-3274

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