## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2004 8:00 am **Secretary of State** DOCUMENT # H00826 1. Entity Name 05-03-2004 90695 017 \*\*\*158.75 BATES DEVELOPING COMPANY Principal Place of Business Mailing Address 2401 NE 36 ST 2401 NE 36 ST STE 105 LIGHTHOUSE POINT FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 2401 N.E Suite, Apt, #, etc. CR2E034 (11/03) SUITE # City & State 4. FEI Number Applied For City & State 59-2396892 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRES, JAMES L Street Address (P.O. Box Number is Not Acceptable) PLATT, JACOBUS, FIELDING, TORRES ET AL 1900 W.NEW HAVEN AVE, SUITE 201 MELBOURNE FL 32904 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 Signature, typed or printed registered agent and lifle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition BATES, WILLIAM L JR NAME NAME STREET ADDRESS 2401 NE 36TH STREET #105 STREET ADDRESS LIGHTHOUSE POINT FL 33064 City-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition. TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete [ ] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. Thereby 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 empowered.

FILED