


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90126 023 ***158.75

DOCUMENT # H00826
 1. Entity Name
BATES DEVELOPING COMPANY



| | |
|--|---|
| Principal Place of Business 2401 NE 36 ST STE 105 LIGHTHOUSE POINT, FL 33064 US | Mailing Address 2401 NE 36 ST SUITE #105 LIGHTHOUSE POINT, FL 33064 US |
|--|---|

50051620



| | |
|---|---|
| 2. Principal Place of Business 2401 E. SAMPLE Rd. Suite, Apt. #, etc. SUITE #105 | 3. Mailing Address 2401 E. SAMPLE Rd. Suite, Apt. #, etc. SUITE #105 |
|---|---|

04182005 Chg-P CR2E034 (10/03)

| | |
|---|---|
| City & State LIGHTHOUSE POINT, FL | City & State LIGHTHOUSE POINT, FL |
| Zip 33064 | Zip 33064 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2396892 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|--|

6. Name and Address of Current Registered Agent

TORRES, JAMES L
PLATT, JACOBUS, FIELDING, TORRES ET AL
1900 W. NEW HAVEN AVE, SUITE 201
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BATES, WILLIAM L JR 2401 NE 36TH STREET #105 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby 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.

SIGNATURE: William L. Bates, Jr. PRES. 4/30/05 (954) 464-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM L. BATES, JR. PRESIDENT