


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State


07-07-2005 90001 006 ***150.00

DOCUMENT # 406552 1. Entity Name BATECH, INC	
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Principal Place of Business 760 MULLET DRIVE PT CANAVERAL, FL 32920 US	Mailing Address 760 MULLET DRIVE CAPE CANAVERAL, FL 32920 US
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DO NOT WRITE IN THIS SPACE

17010000



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1418125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JAMES L
760 MULLET ROAD
CAPE CANAVERAL, FL 32920**

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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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 SMITH, JAMES L 760 MULLET DRIVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRAGDON, DAVID 760 MULLET DRIVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, DARRELL T. 760 MULLET DRIVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: James L Smith **JAMES L. SMITH** 3/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **321-784-4838**

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

#14018094

DOCUMENT # 406552	
1. Entity Name BATECH, INC	

Principal Place of Business 760 MULLET DRIVE PT CANAVERAL, FL 32920 US	Mailing Address 760 MULLET DRIVE CAPE CANAVERAL, FL 32920 US
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DO NOT WRITE IN THIS SPACE

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1418125	Applied For 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

SMITH, JAMES L
760 MULLET ROAD
CAPE CANAVERAL, FL 32920

PAID
Check # 30145
Amount \$ 150.00
Date 3/17/05

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (Print if Registered Agent signature required when registering)

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-STATE-ZIP	PD SMITH, JAMES L 760 MULLET DRIVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT BRAGDON, DAVID 760 MULLET DRIVE CAPE CANAVERAL, FL
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

Apparently this check
has been lost in the
US Post Office. Please
dispose of the \$400.00 late
fee. We honestly paid this
well in advance. So this
date we have received
this check back. I was
unaware it had never
been processed.
Thanks,

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SIGNATURE: James L. Smith JAMES L. SMITH 3/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 321-784-4838