


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90074 025 \*\*\*150.00

<b>DOCUMENT # F42585</b> 1. Entity Name <b>SHARON BATTEN, INC.</b>					
Principal Place of Business <b>91 SAN JUAN DRIVE D4 PONTE VERDE, FL 32082</b>			Mailing Address <b>91 SAN JUAN DRIVE D4 PONTE VERDE, FL 32082</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2133839</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BATTEN, HOWARD 91 SAN JUAN DRIVE D4 PONTE VERDE, FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTEN, SHARON R. 91 SAN JUAN DRIVE PONTE VERDE, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BATTEN, W. HOWARD 91 SAN JUAN DRIVE PONTE VERDE, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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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: <u>W. Howard Batten</u> <b>W. HOWARD BATTEN</b> <u>4/18/05</u> <b>904-285-4227</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66011827



03312005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTEN, HOWARD  
91 SAN JUAN DRIVE  
D4  
PONTE VERDE, FL 32082

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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91 SAN JUAN DRIVE  
PONTE VERDE, FL 32082

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☐ Change ☐ Addition

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SIGNATURE: W. Howard Batten **W. HOWARD BATTEN** 4/18/05 **904-285-4227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #