2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

| DO | \cap | INA | F١ | JT # | F45 | 635 |
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1. Entity Name BATTON PLUMBING CO., INC.



Principal Place of Business

1709 1ST AVE N. SAINT PETERSBURG, FL 33713 Mailing Address

1709 1ST AVE N.

SAINT PETERSBURG, FL 33713



DO NOT WRITE IN THIS SPACE

04132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2122398 Applied For
Not Applicable

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

6, Name and Address of Current Registered Agent

HAYS, MARK W 1709-1ST AVE N. SAINT PETERSBURG, FL 33713

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 | | | | | | | | | |
| Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAYS, MARK W 1709-1ST AVE. N. SAINT PETERSBURG, FL 33713 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HAYS, MARIANNE M 1709-1ST AVE. N. SAINT PETERSBURG, FL 33713 | | | | 000000715537 04/27/07-80068-019 150.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not quality 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. | | | | | | | | | |