


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90024 035 ***150.00

DOCUMENT # J27440	
1. Entity Name BATON III DEVELOPMENT CORPORATION	
	
Principal Place of Business 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431	Mailing Address 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431

40013500



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2750572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HEISE, MARTON P. 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 \$150.00
After May 1, 2008 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 BERSON, GERALD S. 947 CLINT MOORE RD BOCA RATON, FL	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUSSEN, HENRY 947 CLINT MOORE RD BOCA RATON, FL	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEISE, MARTIN P. 947 CLINT MOORE RD BOCA RATON, FL	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEISE, MARTIN P. 947 CLINT MOORE RD BOCA RATON, FL	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
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 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 an officer like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 561-997-0045
Date Daytime Phone #