

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48237

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** BATES SHOW SALES STAFF, INC.

**Current Principal Place of Business:**

4656 MCINTOSH RD  
DOVER, FL 23527

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2288  
NOKOMIS, FL 34274

**New Mailing Address:**

**FEI Number:** 59-2745969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, DOROTHY A.  
205 BAYSHORE RD  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BATES, FRANK  
**Address:** PO BOX 2288  
**City-St-Zip:** NOKOMIS, FL 34274

**Title:** VST  
**Name:** BATES, DOROTHY  
**Address:** PO BOX 2288  
**City-St-Zip:** NOKOMIS, FL 34274

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DOROTHY BATES

VST

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date