2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # K03212 1. Entity Name 08-02-2004 90012 006 ***150.00 ROBERT K. BATSCHER AND ASSOCIATES, INC. Principal Place of Business Mailing Address % ROBERT K. BATSCHER 68 SEVENTH STREET, BONITA SHORES % ROBERT K. BATSCHER 68 SEVENTH STREET, BONITA SHORES BONITA SPRINGS FL 34134 4400TT00 **BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 65-0015426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATSCHER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) **68 SEVENTH STREET BONITA SHORES BONITA SPRINGS FL 33923** City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. P\$ TITLE ☐ Addition TITLE ☐ Delete BATSCHER, ROBERT K. NAME NAME STREET ADDRESS 68 7TH ST. BONITA SHORES STREET ADDRESS BONITA SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATSCHER, BARBARA J. NAME NAME 68 7TH ST. BONITA SHORES STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: Barbara 9. Satecker

SIGNATURE and TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition

FILED