

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M86916

1. Entity Name
BATHEASE, INC.



Principal Place of Business
**3815 DARSTON STREET
PALM HARBOR, FL 34685-3119**

Mailing Address
**3815 DARSTON STREET
PALM HARBOR, FL 34685-3119**



07212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2897298** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FITZGERALD, THOMAS J.
3815 DARSTON STREET
PALM HARBOR, FL 34685-3119**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWERSOX, JACK
STREET ADDRESS	2424 CURLEW RD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	LEEDS, FRANK III
STREET ADDRESS	2301 THIRD AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	DP
NAME	FITZGERALD, THOMAS J
STREET ADDRESS	3815 DARSTON ST
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/06-80007-015 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature: Mary Ellen Stephens
Handwritten date: July 25 2006
Handwritten phone: 727-7862604