

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV -5 PM 12:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P0000008056
1. Entity Name
BATES & COMPANY CONSTRUCTION INC.



Principal Place of Business
1200 S. ROGERS CIRCLE #4 BOCA RATON, FL 33487
Mailing Address
1200 S. ROGERS CIRCLE #4 BOCA RATON, FL 33487



2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

11042004 Chg-P CR2E034 (10/03) MRD

City & State
City & State

4. FEI Number
65-0998926
Applied For
Not Applicable

Zip
Country
Zip
Country

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

6. Name and Address of Current Registered Agent
BATES, WILLIAM T
6730 NW 83 TERRACE
PARKLAND, FL 33067

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am furnished with, and accept the obligations of registered agent.

SIGNATURE
Signature typed in printed name of registered agent and date of filing.
Print Name of Registered Agent (signature required when necessary)
DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.
\$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include William T. Bates and Kathy J. Bates.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include Kathy J. Bates and a new entry with ID 200042767372.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address, with all other like empowered.

SIGNATURE: [Signature] PRES. WILLIAM T. BATES 11/4/04 (954) 868-3550

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