


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 027 ***150.00

DOCUMENT # P0000034974

1. Entity Name
BATES DRISCOLL CONSTRUCTION, INC.



Principal Place of Business
**1351 CHESTNUT AVENUE
 WINTER PARK FL 32789**

Mailing Address
**1351 CHESTNUT AVENUE
 WINTER PARK FL 32789**

216 South Park Ave

2. Principal Place of Business
Suite # 1

3. Mailing Address
216 South Park Ave.


Suite, Apt. #, etc.
Suite # 1

City & State
Winter Park FL

City & State
Winter Park FL

Zip
32789

Country
Orange



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3643318**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BATES, THOMAS R JR
 1351 CHESTNUT AVENUE
 WINTER PARK FL 32789**

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 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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATES, JR, THOMAS R	
STREET ADDRESS	1351 CHESTNUT AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DRISCOLL, GEORGE	
STREET ADDRESS	1351 CHESTNUT AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR