

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000065909**

**1. Entity Name**

**BATTS & BAUM REAL ESTATE HOLDINGS, INC.**



**Principal Place of Business**

**14378 SPRING HILL DR  
SPRING HILL, FL 34609**

**Mailing Address**

**14378 SPRING HILL DR  
SPRING HILL, FL 34609**

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

**4. FEL Number**

**14-1840751**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAUM, GERALD  
14378 SPRING HILL DRIVE  
SPRING HILL, FL 34609**

**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 re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

**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 BATTS, KATHRYN  
STREET ADDRESS 3806 NORTHRIDGE DRIVE  
CITY - ST - ZIP VALRICO, FL 33594**

**TITLE D  
NAME BAUM, GERALD  
STREET ADDRESS 22238 MANN ROAD  
CITY - ST - ZIP BROOKSVILLE, FL 34602**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**7/10/04**  
Date

**352 -  
544-5580**  
Daytime Phone #