

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 035 ***158.75

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1. Entity Name
J. BATTEN CORPORATION



Principal Place of Business
**439 LAKE HOWELL ROAD
MAITLAND, FL 32751**

Mailing Address
**439 LAKE HOWELL ROAD
MAITLAND, FL 32751**

40060830



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0617419	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KANE, JON E
225 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BATTEN, LINDA MARIE
STREET ADDRESS	439 LAKE HOWELL ROAD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	SHIPMAN BATTEN, MARILYN
STREET ADDRESS	439 LAKE HOWELL ROAD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP
NAME	JAMES O. BATTEN, SR.
STREET ADDRESS	439 LAKE HOWELL ROAD
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	VP
NAME	JAMES O. BATTEN, JR
STREET ADDRESS	439 LAKE HOWELL ROAD
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 4/6/07 407-644-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #