

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # P03000046066</b><br>1. Entity Name<br><b>J. BATTEN CORPORATION</b> |  |
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**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| Principal Place of Business<br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b> | Mailing Address<br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b> |
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07022008 No Chg-P CR2E034 (11/05)

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

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| 6. Name and Address of Current Registered Agent<br><br><b>KANE, JON E</b><br><b>225 EAST ROBINSON STREET</b><br><b>SUITE 600</b><br><b>ORLANDO, FL 32801</b> | <p style="font-size: 2em; font-weight: bold;">DO NOT WRITE<br/>IN THIS SPACE</p> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 12, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>BATTEN, LINDA MARIE</b><br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>SHIPMAN BATTEN, MARILYN</b><br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br><b>BATTEN, JAMES O SR</b><br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br><b>BATTEN, JAMES O JR</b><br><b>439 LAKE HOWELL ROAD</b><br><b>MAITLAND, FL 32751</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br>  |

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07/07/08-80008-004 150.00

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: Paul Batten      Date: 7-2-08      Daytime Phone #: 407-644-6889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR