


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046066	
1. Entity Name J. BATTEN CORPORATION	

FILED
Jul 07, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

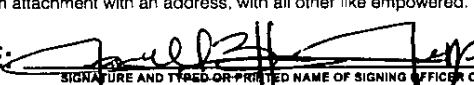
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10.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

DO NOT WRITE IN THIS SPACE

U00000953637
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:  **7-2-08 407-644-6889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #