


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90170 029 ***150.00

DOCUMENT # P03000133735 1. Entity Name BATTLE CONSTRUCTION, INC.					
Principal Place of Business 5463 MARANTHA WAY PACE, FL 32571			Mailing Address 5463 MARANTHA WAY PACE, FL 32571		
2. Principal Place of Business - No P.O. Box # 5463 MARANTHA WAY		3. Mailing Address 5463 MARANTHA WAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 56-2420547	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTLE, JOHNNY 5463 MARANTHA WAY PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5463 MARANTHA WAY 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S BATTLE, JOHNNY 5463 MARANTHA WAY PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5463 MARANTHA WAY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALLUM, CHARLIE L 5463 MARANTHA WAY PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5463 MARANTHA WAY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENMARKLE, STEVEN E 5463 MARANTHA WAY PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Johnny Battle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-08 206-78418 <small>Date Daytime Phone #</small>		