2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # P0400030272 1. Entity Name BATEMAN FRAMING, INC.					04-05-2005 90056 021 ***150.00				
Principal Place	e of Business								
Principal Place of Business Mailing Address 12421 SR 24 P.O. BOX 46				}					
CEDAR KEY, FL 32625 CEDAR KEY, FL 32625									
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2. Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc. Suite, Apt. #, etc.					1262005	Chg-P	CR2E034 (10	/D2\	
				۱۳	1202003	City-P	Ch2E034 (10	100)	
City & State City & State					FEI Number			Appli	ied For
CHIEFLE	ND FL	HIEFLAND FL			36-45	49426			Applicable
Zip	Country	Zip	Country	5.	Certificate of	Status Desired		5 Additk	onal
32626		32626	LEVY			<u>,</u>		quired	
<u> </u>	6. Name and Address of Current Re	egistered Agent	Nama	7.	Name and A	ddress of New Ro	egistered Agent		
CAUSEY, KATHRYN F NATHAN WHITEHEAD									
12421 SR			Street A	ddress (P.O.	Box Number	is Not Acceptable)		
	Y, FL 32625			· · · · · · · · · · · · · · · · · · ·					
8890 N.W. 125TH ST									ĺ
City						, , ,	₽ Zir	Code	
CHIEFLAND FL 32626								6	
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.									
the obligations of registered agent.									
SIGNATURE NATHAN WHITE HEAD Northan Whitehead 1-26-05									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reimstating) DATE DATE									
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	IRECTORS	11.		DDITIONS/C	HANGES TO OFFI	CERS AND DIREC	TORS	N 11
TITLE	P	☐ Delete	TITLE				Ch	ange	Addition
NAME	WHITEHEAD, NATHAN WAYNE		NAME	1	•				
STREET ADDRESS	8890 NW 125TH ST		STREET ADDRESS						
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	1_					[
TITLE	S	☐ Delete	TITLE	5/1			` ∑ Cr	ange	Addition
NAME	WHITEHEAD, NAOMI LYNN		NAME	WHITE	HEAD /	NAOMI LY STH ST	NN		
STREET ADDRESS	8890 NW 125TH ST		STREET ADDRESS	8890	NW 12	STH ST			1
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	CHIEF	FLAND	FL 320	26.		
THUE,	Ţ	Delete	TITLE		,		Ch	ange	☐ Addilion
NAME	CAUSEY, KATHRYN F	•	NAME						
STREET ADDRESS	12421 SR 24		STREET ADDRESS						}
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP	 					
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NAME			NAME]					
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TITLE NAME		☐ Delete	TITLE			t	Ch	ange	Addition
STREET ADDRESS		e e e	STREET ADDRESS				يد ئىشد	- *	.
CITY-ST-ZIP			CITY-ST-ZIP		200				
	routily that the information supplied with the	nie filing does not qualify for t		ted in Section	n 110 07/9/0	Florido Statutos 1	herbor and herbor	the inf-	
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.									