


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2005 90056 021 ***150.00

DOCUMENT # P04000030272 1. Entity Name BATEMAN FRAMING, INC.					
Principal Place of Business 12421 SR 24 CEDAR KEY, FL 32625			Mailing Address P.O. BOX 46 CEDAR KEY, FL 32625		
2. Principal Place of Business 8890 NW 125TH ST Suite, Apt. #, etc.		3. Mailing Address 8890 NW 125TH ST Suite, Apt. #, etc.			
City & State CHIEFLAND, FL Zip 32626		City & State CHIEFLAND, FL Zip 32626		4. FEI Number 36-4549426	
Country LEVY		Country LEVY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625			7. Name and Address of New Registered Agent Name NATHAN WHITEHEAD Street Address (P.O. Box Number is Not Acceptable) 8890 N.W. 125TH ST City CHIEFLAND		
State FL			Zip Code 32626		
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 NATHAN WHITEHEAD <i>Nathan Whitehead</i> 1-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 WHITEHEAD, NATHAN WAYNE 8890 NW 125TH ST CHIEFLAND, FL 32626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEHEAD, NAOMI LYNN 8890 NW 125TH ST CHIEFLAND, FL 32626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WHITEHEAD, NAOMI LYNN 8890 NW 125TH ST CHIEFLAND, FL 32626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE: <i>Nathan Whitehead</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-26-05 (351) 490-8184 <small>Date Daytime Phone #</small>		