

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 012 ***150.00

DOCUMENT # P04000069150

1. Entity Name
B-TREND CORPORATION



Principal Place of Business
**312 ANGELICO DRIVE
NOKOMIS, FL 34275**

Mailing Address
**312 ANGELICO DRIVE
NOKOMIS, FL 34275**

40100915



2. Principal Place of Business - No P.O. Box #
431 Rosetti Drive

3. Mailing Address
431 Rosetti Drive

Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State
Nokomis, FL

City & State
Nokomis, FL

Zip
34275

Country

4. FEI Number
20-1060596

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BATKO, JOZEF
312 ANGELICO DRIVE
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name
BATKO, JOZEF

Street Address (P.O. Box Number is Not Acceptable)
431 Rosetti Drive

City
Nokomis

FL Zip Code
34275

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 DATE **3-20, 07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE BATKO, JOZEF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATKO, JOZEF		NAME BATKO, JOZEF	
STREET ADDRESS 312 ANGELICO DRIVE		STREET ADDRESS 431 Rosetti Drive	
CITY-ST-ZIP NOKOMIS, FL 34275		CITY-ST-ZIP Nokomis, FL 34275	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATKOVA, JANA		NAME BATKOVA, JANA	
STREET ADDRESS 312 ANGELICO DRIVE		STREET ADDRESS 431 Rosetti Drive	
CITY-ST-ZIP NOKOMIS, FL 34275		CITY-ST-ZIP Nokomis, FL 34275	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DATE **3-20, 07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR