

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90300 003 \*\*\*150.00

**DOCUMENT # P04000089665**

1. Entity Name

**BATEMAN CONSULTANTS OF NAPLES, INC.**



Principal Place of Business

**4770 ALBERTON COURT SUITE 602  
NAPLES FL 34105**

Mailing Address

**4770 ALBERTON COURT SUITE 602  
NAPLES FL 34105**

2. Principal Place of Business

**4770 Alberton Court**

3. Mailing Address

**4770 Alberton Court**

Suite, Apt. #, etc.  
**Suite 2602**

Suite, Apt. #, etc.  
**Suite 2602**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34105**

Country  
**U.S.A.**

Zip  
**34105**

Country  
**U.S.A.**



1st MOORE

CR2E034 (10/04)

4. FEI Number

**20-1236960**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M  
821 5TH AVE SOUTH SUITE 201  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name  
**Bateman, Arthur L.**

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

**4770 Alberton Court, #2602**

City  
**Naples**

**FL**

Zip Code  
**34105**

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 *Arthur L. Bateman* **Arthur L. Bateman, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-7-05**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BATEMAN, ARTHUR L  
4770 ALBERTON COURT SUITE 602  
NAPLES FL 34105** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/T/S  
Bateman, Arthur L.  
4770 Alberton Court, Suite 2602  
Naples, FL 34105** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ 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 which I am empowered.

SIGNATURE: *Arthur L. Bateman* **Arthur L. Bateman, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-7-05 839 430-1012**