


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90018 043 ***150.00

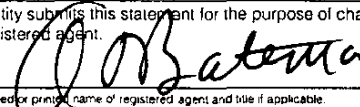
DOCUMENT # P04000089665		
1. Entity Name BATEMAN CONSULTANTS OF NAPLES, INC.		

Principal Place of Business 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109	Mailing Address 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109
--	--

2. Principal Place of Business - No P.O. Box # 7869 Hawthorne Drive Suite, Apt. #, etc. # 302	3. Mailing Address P.O. Box 12169 Suite, Apt. #, etc.
--	---


City & State Naples, FL	City & State Naples, FL	4. FEI Number 20-1236960	Applied For <input type="checkbox"/> Not Applicable
Zip 34113	Country U.S.A.	Zip 34101	Country U.S.A.

6. Name and Address of Current Registered Agent BATEMAN, ARTHUR L 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 7869 Hawthorne Drive Suite # 302 City Naples FL Zip Code 34113	
---	--	---	--

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 3/14/08 (NOTE: Registered Agent signature required when reinstating)

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	PTS BATEMAN, ARTHUR L 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Bateman, Arthur L. 7869 Hawthorne Drive, # 302 Naples, FL 34113 <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
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/14/08 Date Daytime Phone # 239 793 8990

40048781

