


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90149 013 ***150.00

DOCUMENT # P04000114284	
1. Entity Name BATH GELLER CORPORATION	

Principal Place of Business 2950 TAMiami TR. N SUITE 4 NAPLES FL 34110 US	Mailing Address 2950 TAMiami TR. N SUITE 4 NAPLES FL 34110 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3323 OLYMPIC DRIVE 723
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City & State NAPLES FL	4. FEI Number 20-2016974
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Zip 34105	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MOURICK, DAVID J 10998 BONITA BEACH RD SUITE 2 BONITA SPRINGS FL 34135	7. Name and Address of New Registered Agent Name ISABEL BATH Street Address (P.O. Box Number is Not Acceptable) 3323 OLYMPIC DRIVE #723 City NAPLES FL Zip Code 34105
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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 Isabel Bath (NOTE: Registered Agent signature required when reinstating) DATE 4/6/05

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 ☐ **\$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 ISABEL, BATH M 2338 IMMOKALEE RD NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISABEL BATH M 3323 OLYMPIC DRIVE #723 NAPLES FL 34105 <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
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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: Isabel Bath DATE 4/6/05 239-261-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR