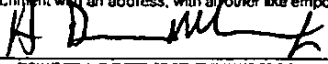


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2 Mar 09, 2006 8:00 am
Secretary of State

02-22-2006 90001 041 ***150.00

DOCUMENT # P05000020495					
1. Entity Name BATES FLAGS & FLAG POLES, INC.					
Principal Place of Business 25418 E. MARION AVENUE PUNTA GORDA, FL 33950			Mailing Address 25418 E. MARION AVENUE PUNTA GORDA, FL 33950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2438937	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, HENRY DAVIES 25418 E. MARION AVENUE PUNTA GORDA, FL 33950			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 state if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	MILLER, HENRY DAVIES	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME		25418 E. MARION AVENUE		TITLE	☐ Change ☐ Addition
STREET ADDRESS		PUNTA GORDA, FL 33950		NAME	
CITY-ST-ZIP				STREET ADDRESS	
				CITY-ST-ZIP	
TITLE	VP	MILLER, HENRY DAVIES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		25418 E. MARION AVENUE		NAME	
STREET ADDRESS		PUNTA GORDA, FL 33950		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S,T	MILLER, HENRY DAVIES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		25418 E. MARION AVENUE		NAME	
STREET ADDRESS		PUNTA GORDA, FL 33950		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ 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: 			02/17/06 9415759800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		