


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000020495</b> 1. Entity Name <b>BATES FLAGS &amp; FLAG POLES, INC.</b>	
---	---

Principal Place of Business 25418 E. MARION AVENUE PUNTA GORDA, FL 33950	Mailing Address 25418 E. MARION AVENUE PUNTA GORDA, FL 33950
--	--



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-2438937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MILLER, HENRY DAVIES 25418 E. MARION AVENUE PUNTA GORDA, FL 33950
--

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

U00000734615  
05/09/07-80132-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MILLER, HENRY DAVIES
STREET ADDRESS	25418 E. MARION AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VP
NAME	MILLER, HENRY DAVIES
STREET ADDRESS	25418 E. MARION AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	S,T
NAME	MILLER, HENRY DAVIES
STREET ADDRESS	25418 E. MARION AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 