

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129862

Entity Name: BATA & ASSOCIATES, P.A.

FILED  
Aug 25, 2008  
Secretary of State

## Current Principal Place of Business:

621 KNOLLWOOD LANE  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

440 GALLARDO CIRCLE  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

621 KNOLLWOOD LANE  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

440 GALLARDO CIRCLE  
ST. AUGUSTINE, FL 32086

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATA, HAZEM R  
621 KNOLLWOOD LANE  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

BATA, HAZEM R  
440 GALLARDO CIRCLE  
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: HAZEM BATA

08/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BATA, HAZEM R  
Address: 621 KNOLLWOOD LANE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: BATA, HAZEM R  
Address: 621 KNOLLWOOD LANE  
City-St-Zip: ST. AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: BATA, HAZEM R  
Address: 440 GALLARDO CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition  
Name: BATA, HAZEM R  
Address: 440 GALLARDO CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEM BATA

CEO

08/25/2008

Electronic Signature of Signing Officer or Director

Date