

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                              |                                                                      |                                       |                                                                |                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P13212</b><br>1. Entity Name<br><b>BATSON-COOK OF FLORIDA, INC.</b>                                                                                                                                            |                                                                      |                                       |                                                                |                                                     |  |
| Principal Place of Business<br><b>8860 PHILLIPS HIGHWAY<br/>JACKSONVILLE FL 32256</b>                                                                                                                                        |                                                                      |                                       | Mailing Address<br><b>P.O. BOX 151<br/>WEST POINT GA 31833</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                        |                                                                      |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                      |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                 |                                                                      |                                       | City & State                                                   |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                          |                                                                      | Country                               |                                                                | 4. FEI Number <b>59-2739272</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                    |                                                                      | <b>\$8.75 Additional Fee Required</b> |                                                                |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARKSDALE, DAVID A JR<br/>8860 PHILLIPS HIGHWAY<br/>JACKSONVILLE FL 32256</b>                                                                                      |                                                                      |                                       |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when completing) DATE _____                                                                                                                                       |                                                                      |                                       |                                                                |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                              |                                                                      |                                       |                                                                |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                   |                                                                      |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <b>SD<br/>HOOD, CECIL G.<br/>821 S. 11TH<br/>LANETT AL 36863</b>     | <input type="checkbox"/> Delete       |                                                                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <b>CHM<br/>GLOVER, E.C.<br/>107 VICTORIA DR<br/>LAGRANGE GA</b>      | <input type="checkbox"/> Delete       |                                                                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <b>A.S.<br/>MILES, R.D.<br/>1802 9TH CT., SW<br/>LANETT AL 36863</b> | <input type="checkbox"/> Delete       |                                                                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <b>EVPO<br/>MOODY, R.L. JR<br/>303 VICTORIA DR<br/>LAGRANGE GA</b>   | <input type="checkbox"/> Delete       |                                                                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <input type="checkbox"/> Delete                                      |                                       |                                                                |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <input type="checkbox"/> Delete                                      |                                       |                                                                |                                                                                                                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Ray D. Miles, AS** **3/27/2006** **706-643-2159**