



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 005 ***150.00

DOCUMENT # P28005 1. Entity Name BATAC CORPORATION					
Principal Place of Business 3200 WEST 65TH STREET CLEVELAND, OH 44102			Mailing Address 3200 WEST 65TH STREET CLEVELAND, OH 44102		
2. Principal Place of Business 7680 Universal Blvd		3. Mailing Address 7680 Universal Blvd			
Suite, Apt. #, etc. 380		Suite, Apt. #, etc. 380		04232004 Chg-P CR25000432	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 34-1189506	
Zip 32819		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATES, DAVID 7680 UNIVERSAL BLVD ORLANDO, FL 32819		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD BATES, A. ARTHUR <input type="checkbox"/> Delete 3200 W. 65TH STREET CLEVELAND, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bates, A. Arthur 34675 melinz Parkway - Yokes Drive Eastlake, OH 44095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BATES, DAVID A 3200 W. 65TH STREET CLEVELAND, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bates David A. 7680 Universal Blvd - suite 380 Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHMITZ, ROBERT A. 19111 DETROIT ROAD #201 ROCKY RIVER, OH		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	
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	
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-23-04 Daytime Phone # 407-351-2330		