## 2005 FOR PROFIT CORPORATION

## May 11, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000086126 05-11-2005 90130 012 \*\*\*158.75 1. Entity Name W.L. BATES CONSTRUCTION COMPANY Principal Place of Business Mailing Address 50051827 2401 NE 36 STREET **2401 NE 36 STREET** SUITE #105 **SUITE #105** LIGHTHOUSE POINT, FL 33064 US LIGHTHOUSE POINT, FL 33064 US 2. Principal Place of Business Mailing Address 2401 E. SAMPLE 04182005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 65-0455243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRES, JAMES L Street Address (P.O. Box Number is Not Acceptable) PLATT, JACOBUS, FIELDING & TORRES 1990 W.NEW HAVEN AVE, SUITE 201 MELBOURNE, FL 32904 City Zip Code FL 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 in the obligations of registered agent. Signature, typed or printed name of registered agont and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10.5 DP Change Addition TITLE ☐ Delete TITLE BATES, WILLIAM L JR NAME NAME STREET ADDRESS 2401 NE 36 ST, #105 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 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 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE 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 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

BATES PRESIDENT