


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-28-2004 90005 046 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P95000065222 | |  | |
| 1. Entity Name JAMES CHRISTIAN BATES PLUMBING, INC. | | | |
| Principal Place of Business 21462 EDGEWATER DRIVE PORT CHARLOTTE FL 33952 | | Mailing Address 21462 EDGEWATER DRIVE PORT CHARLOTTE FL 33952 | |
| 2. Principal Place of Business 21462 Edgewater Dr. | | 3. Mailing Address SAA | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Port Charlotte, FL | | City & State | |
| Zip 33952 | Country Charlotte | Zip | Country |
| 6. Name and Address of Current Registered Agent BATES, JAMES 21462 EDGEWATER DR. PT. CHARLOTTE FL 33952 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 <i>James C. Bates</i> | | DATE 1-23-04 | |
| 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 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 | PD BATES, JAMES C % 21462 EDGEWATER DRIVE PORT CHARLOTTE FL 33952 <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 |
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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: *James C. Bates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04 (941) 625-4677
Date Daytime Phone #