


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 003 ***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
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2. Principal Place of Business 21462 Edgewater Dr.	3. Mailing Address 21462 Edgewater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Charlotte, Fl.	City & State Port Charlotte, Fl.
Zip 33952	Country Charlotte
Zip 33952	Country Charlotte

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 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 <i>James C. Bates Pres.</i>	DATE 5-10-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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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: <i>James C. Bates</i> James C. Bates Pres. 5-10-05 (941) 625-4677	DATE 5-10-05 Dayside Phone # 217 226-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	