


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90044 001 \*\*\*150.00


<b>DOCUMENT # P96000097083</b>	
1. Entity Name <b>BATELEUR SKY SPORTS, INC.</b>	

Principal Place of Business <b>5941 HIGHWAY US 1 SOUTH BUNNELL FL 32110</b>	Mailing Address <b>5941 HIGHWAY US 1 SOUTH BUNNELL FL 32110</b>
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2. Principal Place of Business <b>16 WELDON WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>16 WELDON WAY</b> Suite, Apt. #, etc.
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City & State <b>PALM COAST, FL</b>	City & State <b>PALM COAST, FL</b>
Zip <b>32164</b>	Zip <b>32164</b>
Country <b>FLAGLER</b>	Country <b>FLAGLER</b>

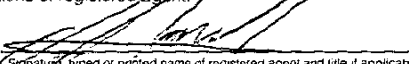
**49043630**



**MOORE CR2E034 (11/03)**

4. FEI Number <b>59-3414072</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DEVENISH, RYAN A 5941 HIGHWAY US 1 SOUTH BUNNELL FL 32110</b>		7. Name and Address of New Registered Agent Name <b>DEVENISH, RYAN A</b> Street Address (P.O. Box Number is Not Acceptable) <b>16 WELDON WAY</b> City <b>PALM COAST</b> FL Zip Code <b>32164</b>

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  **DEVENISH, RYAN A** (NOTE: Registered Agent signature required when reinstating) DATE **04/12/2004**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEVENISH, MICHAEL</b>		NAME	
STREET ADDRESS <b>5941 HIGHWAY US 1 SOUTH</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BUNNELL FL 32110</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEVENISH, CORINNE</b>		NAME	
STREET ADDRESS <b>5941 HIGHWAY US 1 SOUTH</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BUNNELL FL 32110</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2. 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:  **RYAN DEVENISH** Date **April 13 2004** Daytime Phone # **386 956 3466**