

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90037 026 ***150.00

DOCUMENT # P98000101421

1. Entity Name
BATEMAN & MARTIN DEVELOPMENTS, INC.



40060451



03042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3547931

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business
**2245 VENETIAN CT
BUILDING 4
NAPLES, FL 34109 US**

Mailing Address
**2245 VENETIAN CT
BUILDING 4
NAPLES, FL 34109 US**

2. Principal Place of Business - No P.O. Box #
7869 Hawthorne Drive

3. Mailing Address
P.O. Box 12169

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34113

Country
U.S.A.

Zip
34101

Country
U.S.A.

6. Name and Address of Current Registered Agent

**BATEMAN, ARTHUR L
2245 VENETIAN CT
BUILDING 4
NAPLES, FL 34109**

7. Name and Address of New Registered Agent
Name
Bateman, Arthur L.
Street Address (P.O. Box Number is Not Acceptable)
7869 Hawthorne Drive
Suite # 302
City
Naples FL Zip Code
34113

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 *[Signature]* DATE **1/3/12/08**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☐ Delete
NAME
BATEMAN, ARTHUR L
STREET ADDRESS
2245 VENETIAN CT., BUILDING 4
CITY-ST-ZIP
NAPLES, FL 34109

TITLE
PD ☒ Change ☐ Addition
NAME
Bateman, Arthur L.
STREET ADDRESS
P.O. Box 12169
CITY-ST-ZIP
Naples, FL 34101

TITLE
D ☐ Delete
NAME
MARTIN, DAN
STREET ADDRESS
2245 VENETIAN CT., BUILDING 4
CITY-ST-ZIP
NAPLES, FL 34109

TITLE
D ☒ Change ☐ Addition
NAME
Martin, Dan
STREET ADDRESS
P.O. Box 12169
CITY-ST-ZIP
Naples, FL 34101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DATE **1/3/12/08** (29) 793-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone