

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

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.

03042008 Chg-P CR2E034 (12/06)

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number
 59-3547931

Applied For
 Not Applicable

Zip
 34113

Country
 U.S.A.

Zip
 34101

Country
 U.S.A.

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

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

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, 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	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATEMAN, ARTHUR L		NAME Bateman, Arthur L.	
STREET ADDRESS 2245 VENETIAN CT., BUILDING 4		STREET ADDRESS P.O. Box 12169	
CITY-ST-ZIP NAPLES, FL 34109		CITY-ST-ZIP Naples, FL 34101	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, DAN		NAME Martin, Dan	
STREET ADDRESS 2245 VENETIAN CT., BUILDING 4		STREET ADDRESS P.O. Box 12169	
CITY-ST-ZIP NAPLES, FL 34109		CITY-ST-ZIP Naples, FL 34101	
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	

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