

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90014 022 ***150.00

DOCUMENT # P99000027825					
1. Entity Name DAVID BATES, INC.					
Principal Place of Business 1534 READE CIRCLE 25446 NW 94TH AV ST. CLOUD, FL 34772 HIGH SPRINGS, FL 32643			Mailing Address 25446 NW 94TH AV 1534 READE CIRCLE HIGH SPRINGS, FL ST. CLOUD, FL 34772 32643		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3564462	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BATES, DAVID 1534 READE CIRCLE 25446 NW 94TH AV. ST. CLOUD, FL 34772 HIGH SPRINGS, FL 32643					
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 <u>David Bates</u> DAVID BATES <u>3/3/08</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	MR. BATES, DAVID H PRES. 1534 READE CIRCLE ST. CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BATES, DAVID H. PRES. 25446 NW 94TH AVE. HIGH SPRINGS, FL. 32643	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. BATES, MARIE L VP 1534 READE CIRCLE ST. CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. BATES, MARIE L. VP 25446 NW 94TH AVE. HIGH SPRINGS, FL 32643	
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	
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	
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: <u>David Bates</u> DAVID BATES			<u>3/3/08</u> (386) 454-7986		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		