2004 FOR PROF . CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AM **DOCUMENT # P99000063111 Secretary of State** 1. Entity Name BATTLES BUILDING CONTRACTING, INC. Mailing Address Principal Place of Business 107 FAIRWAYS LANE 107 FAIRWAYS LANE US ROYAL PALM, FL 33411 ROYAL PALM, FL 33411 No Chg-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0939546 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATTLES, DYLAN DO NOT WRITE 107 FAIRWAYS LN. ROYAL PALM BCH, FL 33411 IN THIS SPACE 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 access the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature regulard when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BATTLES, DYLAN STREET ADDRESS 107 FAIRWAYS LN. CITY-ST-ZIP ROYAL PALM BCH, FL 33411 U00000138138 TITLE VPD 04/23/04-AN070-014 150.00 LEDFORD, LIANA B NAME STREET ADDRESS 107 FAIRWAYS LN. CITY-ST-ZIP ROYAL PALM BCH, FL 33411 TIME NAME BENNETT, MELISSA 4650 121 ST TERR N STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ROYAL PALM, FL 33411 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 561 79

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