

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098270

FILED
Apr 26, 2004
Secretary of State

Entity Name: BAT LANDS, INC.

Current Principal Place of Business:

205 116TH AVE
#5
TREASURE ISLAND, FL 33706

New Principal Place of Business:

7955 9TH AVENUE SOUTH
ST PETERSBURG, FL 33707

Current Mailing Address:

PO BOX 9300
TREASURE ISLAND, FL 337409300

New Mailing Address:

PO BOX 49300
ST PETERSBURG, FL 33743-493 00

FEI Number: 59-3607744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, TED
255 SOUTH ORANGE AVE
SUITE 800, CITRUS CENTER
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWIND, WILLIAM G
Address: 930 116TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPST () Delete
Name: FOWLER, TERRY
Address: 8130 BAYMEADOWS WEST, #308
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CAHOON, ARTHUR L
Address: 4540 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWIND, WILLIAM G
Address: 7955 9TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G SCHWIND

○

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date