


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 040 ***150.00

DOCUMENT # P03000030386

1. Entity Name
BERT GOTTFRIED, INC.



Principal Place of Business
**1140 ASHLYN DR.
 WEST MELBOURNE, FL 32904**

Mailing Address
**1140 ASHLYN DR.
 WEST MELBOURNE, FL 32904**

94031611



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
20-0820217

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**GOTTFRIED, SUSAN S
 1140 ASHLYN DR.
 WEST MELBOURNE, FL 32904**

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.

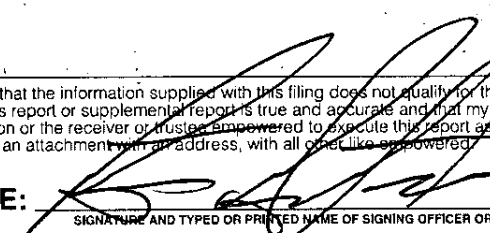
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 P	<input type="checkbox"/> Delete NAME GOTTFRIED, SUSAN S STREET ADDRESS 1140 ASHLYN DR. CITY-ST-ZIP WEST MELBOURNE, FL 32904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> Delete NAME GOTTFRIED, BERTRAM D STREET ADDRESS 1140 ASHLYN DR. CITY-ST-ZIP WEST MELBOURNE, FL 32904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3/11/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #