


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K19674 1. Entity Name BERTRAM & BERTRAM, INC.	
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Principal Place of Business 4522 CLARCONA OCOEE ROAD ORLANDO, FL 32810	Mailing Address 4522 CLARCONA OCOEE ROAD ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2948866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERTRAM, PAUL JR
4522 CLARCONA OCOEE RD
ORLANDO, FL 32810**

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000067762 02/27/04-80013-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD BERTRAM, PAUL JR 4522 CLARCONA OCOEE RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERTRAM, MARSHA 4522 CLARCONA OCOEE RD ORLANDO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Marsha R Bertram 2/24/04 407 578-1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #