

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90311 045 ***150.00

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01272005 Chg-P CR2E034 (10/03)

DOCUMENT # K65036 1. Entity Name BARTLETT CONSTRUCTION INC.					
Principal Place of Business 11061 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411			Mailing Address 11061 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business <i>1056 Foster Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>1056 FOSTER RD</i> Suite, Apt. #, etc.		4. FEI Number 65-0104159 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State <i>Sebastian FL</i>		City & State <i>SEBASTIAN FL</i>			
Zip Country <i>32958 Indian River</i>		Zip Country <i>32958 Indian River</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BARTLETT, JAMES F. 11061 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.			
TITLE D <input type="checkbox"/> Delete NAME BARTLETT, JAMES F STREET ADDRESS 11061 56TH PL NO. CITY-ST-ZIP ROYAL PALM BEACH, FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		13. SIGNATURE: <i>James F Bartlett</i> <i>President</i> <i>3/8/05</i> <i>772 388-3469</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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