## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008156

FILED Sep 06, 2005 Secretary of State

Entity Name: BARTRAM ANTIQUES PRESERVATION, INC.

Current Principal Place of Business: New Principal Place of Business:

104 LAUREL WAY 100 TWELVE OAKS LANE

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

104 LAUREL WAY 100 TWELVE OAKS LANE

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

FEI Number: 20-0252987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARTRAM, LEWIS B
104 LAUREL WAY
BARTRAM, LEWIS B
100 TWELVE OAKS LANE

PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 US

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: 09/06/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: BARTRAM, LEWIS B Name: BARTRAM, LEWIS B
Address: 10104 LAUREL WAY Address: 100 TWELVE OAKS LANE

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KING, PATRICIA A
 Name:

 Address:
 10632 SENECA SPRINGS WAY
 Address:

 City-St-Zip:
 MONTGOMERY VILLAGE, MD 20886
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS B. BARTRAM P 09/06/2005