EXECUTIVE ACCOUNTING

03/29/04 4 22:31 S05031

FILED

04 APR -5 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005131

1. Entity Name
BARTELL CARPENTRY, INC.

Principal Place of Business
7021 CURLEW RD
SARASOTA, FL 34241

Mailing Address
7021 CURLEW RD
SARASOTA, FL 34241

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0976407
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARTELL, BRYAN M
7021 CURLEW RD
SARASOTA, FL 34241

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: [signature] President
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when resigning.)
DATE

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 Fee

OFFICERS AND DIRECTORS

10.
TITLE PSTD
NAME BARTELL, BRYAN M
STREET ADDRESS 7021 CURLEW RD
CITY-ST-ZIP SARASOTA, FL 34241
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☑ Change ☐ Addition

11.
TITLE President
NAME Bryan M. Bartell
STREET ADDRESS 7021 Curlew Rd
CITY-ST-ZIP Sarasota FL 34241
☐ Change ☑ Addition

TITLE Treasurer
NAME Brad C. Robbins
STREET ADDRESS 2547 Riverview Court
CITY-ST-ZIP Sarasota FL 34231
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100032227661
04/09/04--01003--003 **150.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100032227661
04/09/04--01003--004 **8.75
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 is added in an attachment with an address with all other like empowered.

SIGNATURE: [signature] Pres. Secy (941) 504-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #