## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 08, 2007 8:00 am Secretary of State DOCUMENT # P00000019725 05-08-2007 90016 044 \*\*\*150.00 BARTRAM INVESTMENTS, INC. Principal Place of Business Mailing Address 2325 ULMERTON RD 2325 ULMERTON RD **STE 20 STE 20** CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #\_etc 04252007 CR2E034 (12/06) Cha-P City & State City & State 4. FEi Number Applied For 59-3708290 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON RD **STE 20** CLEARWATER, FL 33762 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE n Delete TITLE Addition MCNEEL, CLAYTON W MCNEEL, VAN L NAME NAME 5401 WEST KENN ENDY BIND, SUITE 751 STREET ADDRESS 5401 WEST KENNEDY BLVD. SUITE 751 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TAMPA, FL 33609 TITLE Delete TITLE ☐ Change ☐ Addition NAME DODSON, J THOMAS JR NAME STREET ADDRESS 13361 ATLANTIC BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP ☐ Delete TITLE Change Addition MORRIS, GREGORY D NAME STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED