

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90014 017 ***150.00



DOCUMENT # P00000106692

1. Entity Name
BARTT, INC.

Principal Place of Business
BARTT'S ANTIQUES
DANIA, FL 33004

Mailing Address
14 NW 1ST AVE
PLANTATION, FL 33322

2. Principal Place of Business
10361 N.W. 11th Ct.

3. Mailing Address
10361 N.W. 11th Ct.

Suite, Apt. #, etc.



04272005 Chg-P CR2E034 (10/03)

City & State
Plantation, FL

City & State
Plantation, FL

Zip
33322

Country
USA

4. FEI Number
65-1051175

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAKER, ALICE
10361 NW 11TH COURT
PLANTATION, FL 33322

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME TOLBERT, GARY	
STREET ADDRESS 10256 SW 12TH STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33025	
TITLE ST	<input type="checkbox"/> Delete
NAME BAKER, ALICE	
STREET ADDRESS 10361 NW 11TH COURT	
CITY-ST-ZIP PLANTATION, FL 33322	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME RUTLEDGE, FRED	
STREET ADDRESS 6881 NW 44TH COURT	
CITY-ST-ZIP LAUDERHILL, FL 33319	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT + VP/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tolbert, Gary	
STREET ADDRESS 10256 S.W. 12th St	
CITY-ST-ZIP Pembroke Pines, FL 33025	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Alice M. Baker - ALICE M. BAKER

Date: 5/17/05 Daytime Phone #: 954-802-5896
954-423-6690