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PEGGY SEDANI

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FILED
Apr 10, 2006 8:00 am
Secretary of State

03-22-2006 90025 017 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000071352	
1. Entity Name THE LAW OFFICE OF STEVE BARTLETT, P.A.	



Principal Place of Business 24735 US HIGHWAY 19N SUITE 320 HOLIDAY, FL 34691	Mailing Address 24735 US HIGHWAY 19N SUITE 320 HOLIDAY, FL 34691
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03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3730776	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARTLETT, STEVE ESQ
2435 US HWY 19N
SUITE 320
HOLIDAY, FL 34691

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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 _____ DATE _____
Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARTLETT, STEVE ESQ 2435 US HWY 19N STE 320 HOLIDAY, FL 34691
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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 with all other like empowered.

SIGNATURE: Steve Bartlett 3/31/06 727-942-1000
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #