


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000010047		
1. Entity Name KATHERINE J. BARTLETT, D.M.D., P.A.		

Principal Place of Business 208 HOSPITAL DR. NE FT. WALTON BEACH, FL 32548	Mailing Address 208 HOSPITAL DR. NE FT. WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
BARTLETT, KATHERINE 208 HOSPITAL DR FT. WALTON BEACH, FL 32548	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, KATHERINE J 208 HOSPITAL DR. NE FT. WALTON BEACH, FL 32548
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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: K. Bartlett / Katherine Bartlett 3/10/05 8502438124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 MAR 16 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/11/05 19-038 045 150.00



03112005 No Chg-P CR2E034 (10/03) *Tr*

4. FEI Number 01-0674115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	