2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077142

1. Entity Name

DAVID R. BARTLEY, SR., P.A.



FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90112 023 ***150.00

Principal Place of Business

FOR EXCEPTION OR OTE 400

4522 EXECUTIVE DR STE 103 NAPLES, FL 34119 Mailing Address

4522 EXECUTIVE DR STE 103 NAPLES, FL 34119



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 73-1649447

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BARTLEY, DAVID R SR, PA 4522 EXECUTIVE DR SUITE 103 NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

2					
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. " OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BARTLEY, DAVID R SR 4522 EXECUTIVE DR. STE 103 NAPLES, FL 34119				
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME 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 be supplemental to the corporation or the receiver or trustee empowered to be supplementations. The corporation of the corporation or the receiver or trustee empowered to be supplementations. The corporation of the corporation of the corporation or the receiver of trustee empowered to be supplementations.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. Sv. 1/12

(234) 546-11 Daytime Phone #