## 2005 FOR PROFIT CORPORATION

## Apr 25, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000086766** JOHN BITTERMAN, INC. Principal Place of Business Mailing Address 3315 CULLEN LAKE SHORE DR 3315 CULLEN LAKE SHORE DR ORLANDO, FL 32812 US ORLANDO, FL 32812 US CR2E034 (10/03) No Chg-P 04042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0790901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BITTERMAN, JOHN W III DO NOT WRITE 3315 CULLEN LAKE SHORE DR ORLANDO, FL 32812 IN THIS SPACE 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, typed or printed name of registered agains and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BITTERMAN, JOHN W III NAME 3315 CULLEN LK SHR DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 U00000329802 04/25/05-80135-007 **150.00** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 extrustee 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**