

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000037414

Entity Name: FBW OF BARTRAM VILLAGE, INC.

FILED
Oct 27, 2005
Secretary of State

Current Principal Place of Business:

625 ST 13 N
FRUIT COVE, FL 32259

New Principal Place of Business:

Current Mailing Address:

6260 DUPONT STATION CT
SUITE D
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-0177436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, CHARLES B
6260 DUPONT STATION CT
D
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SH () Delete
Name: PRICE, CHARLES B
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32259

Title: SH () Delete
Name: KELLY, TIMOTHY P
Address: 1016 LA SALLE ST
City-St-Zip: JACKSONVILLE, FL 32217

Title: SH () Delete
Name: PRICE, SAMUEL
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32217

Title: SH () Delete
Name: MESNER, HARRY
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PRICE, CHARLES B
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change () Addition
Name: PRICE, SAMUEL
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32217

Title: S/T (X) Change () Addition
Name: MESNER, HARRY
Address: 6260 DUPONT STATION CT STE D
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B PRICE

P/D

10/27/2005

Electronic Signature of Signing Officer or Director

Date