


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000073698	
1. Entity Name WILLIAM BARTHOLOMEW, P.A.	

Principal Place of Business 4570 OVERLOOK DR NE APT 179 ST PETERSBURG, FL 33703	Mailing Address 4570 OVERLOOK DR NE APT 179 ST PETERSBURG, FL 33703
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**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0188267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BARTHOLOMEW, WILLIAM M 4570 OVERLOOK DR NE APT 179 ST PETERSBURG, FL 33703
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000304766 04/14/05-80056-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTHOLOMEW, WILLIAM M 4570 OVERLOOK DR. N.E. APT 179 ST. PETERSBURG, FL 33703
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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)(f), 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: William M. Bartholomew 4-12-05 727-527-7651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM M. BARTHOLOMEW, PRES Date Daytime Phone #