

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90153 035 ***150.00

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

40077490



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0188267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARTHOLOMEW, WILLIAM M
4570 OVERLOOK DR NE APT 179
ST PETERSBURG, FL 33703

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARTHOLOMEW, WILLIAM M
STREET ADDRESS 4570 OVERLOOK DR. N.E. APT 179
CITY-ST-ZIP ST. PETERSBURG, FL 33703

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CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm B PRES.

WILLIAM M. BARTHOLOMEW

Daytime Phone #

4-28-06