

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90084 022 ***150.00

DOCUMENT # P03000104472

1. Entity Name

BERTIN ENTERPRISES, INC.



Principal Place of Business

**419 ST. ARMANDS CIRCLE
SARASOTA FL 34236**

Mailing Address

**590 GOLDEN GATE PT. UNIT 8
SARASOTA FL 34236**

34044140



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-3130599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLE, MICHAEL J
2364 FRUITVILLE ROAD
SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUTCHEON, BERNARD J**
STREET ADDRESS **590 GOLDEN GATE PT UNIT 8**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **TUTTLEON, MARTIN LYON**
STREET ADDRESS **590 GOLDEN GATE PT UNIT 8**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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

BERNARD J HUTCHEON

APRIL 1, 2004

(941)

320-0219

Date

Daytime Phone #