

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000104472

1. Entity Name
BERTIN ENTERPRISES, INC.



FILED

05 JUL -6 PM 3:48

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
419 ST. ARMANDS CIRCLE
SARASOTA, FL 34236

Mailing Address
590 GOLDEN GATE PT. UNIT 8
SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address

616 Golden Gate Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06252005

Chg-P

CR2E034 (10/03)

City & State

SARASOTA, FLORIDA

4. FEI Number
75-3135099

Applied For

Not Applicable

Zip

Country

34236

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLE, MICHAEL J
2364 FRUITVILLE ROAD
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TUTTLE, MARTIN LYON
590 GOLDEN GATE PT UNIT 8
SARASOTA, FL 34236 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200057719182
07/20/05--01046--024 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200057719182
07/20/05--01046--025 **\$8.75 ☐ Change ☐ Addition

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

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

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05 941/366-9776

Date

Daytime Phone #