

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090135

1. Entity Name  
BARTOW DEVELOPMENT COMPANY



**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90318 013 \*\*\*150.00

Principal Place of Business  
6700 S FLORIDA AVE STE 1  
LAKELAND, FL 33813

Mailing Address  
6700 S FLORIDA AVE STE 1  
LAKELAND, FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, FL

Zip

Country

Zip

33807

Country

USA

02152005

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0512521

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

YELNICK, SUZANNE E  
6700 S FLORIDA AVE STE 1  
LAKELAND, FL 33813

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

*Suzanne E. Yelnick* President

4-21-05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME YELNICK, SUZANNE E  
STREET ADDRESS PO BOX 7220  
CITY-ST-ZIP LAKELAND, FL 33807 ☐ Delete

TITLE President  
NAME Suzanne E. Yelnick  
STREET ADDRESS PO BOX 7220  
CITY-ST-ZIP Lakeland, FL 33807 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 like empowered.

SIGNATURE:

*Suzanne E. Yelnick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE E. YELNICK

4/21/05

Date

863-647-5123

Daytime Phone #