

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 001 ***150.00

DOCUMENT # P05000090185

1. Entity Name

BERTRAM INVESTMENTS, INC.



Principal Place of Business

311 ELLAMAR ROAD
WEST PALM BEACH FL 33405

Mailing Address

311 ELLAMAR ROAD
WEST PALM BEACH FL 33405



2. Principal Place of Business - No P.O. Box #

225 Southern Blvd
Suite, Apt. #, etc. 201

3. Mailing Address

600 S. DIXIE Hwy.
Suite, Apt. #, etc. 258

1st MOORE

CR2E034 (10/07)

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

01-0833869

Applied For

Not Applicable

Zip

Country

33405

Zip

Country

33401

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROCKER, BERTRAM
311 ELLAMAR ROAD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

BERTRAM CROCKER

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

600 S. DIXIE Hwy., Suite 258

City

WEST PALM BEACH

FL

Zip Code

33401

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 rechartering)

DATE

B. Crocker

BERTRAM CROCKER, President

4/24/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D, P	<input type="checkbox"/> Delete
NAME	CROCKER, BERTRAM	
STREET ADDRESS	311 ELLAMAR ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	CROCKER, BERTRAM	
STREET ADDRESS	311 ELLAMAR ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRAM CROCKER	
STREET ADDRESS	600 S. DIXIE Hwy., Suite 258	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRAM CROCKER	
STREET ADDRESS	600 S. DIXIE Hwy., Suite 258	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

B. Crocker, Bertram Crocker, President 4/24/08 561-655-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #