

112

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-03-2007 90048 006 ***150.00
P06000094175

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40103600



DOCUMENT # P06000094175	
1. Entity Name BART BUILDERS INC	



Principal Place of Business 100 MARARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080	Mailing Address 100 MARARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302007	Chg-P	CR2E034 (12/06)
4. FEI Number 20-5212252		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTHEL, RAY R III 100 MAKARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080	
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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 use if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTHEL, RAY R III 100 MARARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/28/07** **(904) 501-3516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W. H. O'CONNELL & ASSOCIATES PA*Certified Public Accountants**2200 N. Ponce De Leon Blvd. Suite 10**St. Augustine, FL 32084**Phone (904) 829-0082 Fax 904 829-5030 e-mail: tawwho1@bellsouth.net*

July 31, 2007

Florida Department of State
Division of Corporations
P.O. Box 8800
Tallahassee, FL 32314-6198

RE: Bart Builders Inc., Doc. #P06000094175

Dear State Agent,

My client listed above received a notice of intent to dissolve his corporation. We have enclosed a copy of his cancelled check which you cashed and would appreciate it at this time if you would reinstate his corporation. Should you have any questions, you may contact me at the above phone number.

Sincerely,



W. Henry O'Connell, CPA

Enclosures