

112

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000094175

1. Entity Name  
BART BUILDERS INC



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

P06000094175

**FILED**

07 AUG -8 AM 3: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40103600



04302007 Chg-P CR2E034 (12/06)-

Principal Place of Business		Mailing Address					
100 MARARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080		100 MARARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080					
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				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARTHEL, RAY R III 100 MAKARIOS DRIVE UNIT 6 ST AUGUSTINE, FL 32080				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 reinstating)

DATE

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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07

Date

604) 501-3516  
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: [tawwhol@bellsouth.net](mailto:tawwhol@bellsouth.net)

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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