


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90082 022 \*\*\*150.00

**DOCUMENT # P93000015781**

1. Entity Name  
**BARTOW HOLDING CO., INC.**



Principal Place of Business  
 1910 STATE RD 60- WEST  
 BARTOW, FL 33830 US

Mailing Address  
 18071 BISCAYNE BLVD  
 1601 T 3 N  
 AVENTURA, FL 33160 US

**94006523**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0400620**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**

**KNESKI, PETER/KNESKI & BISCAYNE BUILDING - SUITE 807  
 19 W FLAGLER ST.  
 MIAMI, FL 33130**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDSMAN, SAMUEL	
STREET ADDRESS	18071 BISCAYNE BLVD #1601-N3	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANDSMAN, RHODA	
STREET ADDRESS	18071 BISCAYNE BLVD #1601-N3	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	
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		<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
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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 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: Samuel Landsman, Pres. Date: 1/27/04 Daytime Phone #: 305-931-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR