


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000015781

1. Entity Name
BARTOW HOLDING CO., INC.



Principal Place of Business Mailing Address

1970 STATE RD 60- WEST
 BARTOW, FL 33830 US

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

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0400620

Applied For
 Not Applicable

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**

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$250.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LANDSMAN, SAMUEL 18071 BISCAYNE BLVD #1601-N3 N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LANDSMAN, RHODA 18071 BISCAYNE BLVD #1601-N3 N MIAMI BEACH, FL 33160
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 an other like empowered.

SIGNATURE: Samuel Landman, Pres 02/04/05 931-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #