

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000075200

1. Entity Name
BARTLETT & BARTLETT, INC.



Principal Place of Business

**18891 NE 24TH AVE
CITRA, FL 32113 US**

Mailing Address

**113 QUAIL LANE
HAWTHORNE, FL 32640 US**

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0692626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARTLETT, SHARON U.
18891 NE 24TH AVE
CITRA, FL 32113**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BARTLETT, SHARON U.
STREET ADDRESS	18891 NE 24TH AVE
CITY-ST-ZIP	CITRA, FL
TITLE	P
NAME	BARTLETT, JEFFERY B.
STREET ADDRESS	18891 NE 24 AVE
CITY-ST-ZIP	CITRA, FL
TITLE	V
NAME	BARTLETT, RICHARD C.
STREET ADDRESS	18891 NE 24 AVE
CITY-ST-ZIP	CITRA, FL
TITLE	MD
NAME	BARTLETT, ROBERT R.
STREET ADDRESS	18891 NE 24 AVE
CITY-ST-ZIP	CITRA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80017-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Sharon U. Bartlett* *Sharon U. Bartlett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 *352-475-1197*
Date Daytime Phone #