2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2

FILED
Aug 01, 2005 8:00 am
Secretary of State
07-08-2005 90019 003 ***163.75
08-01-2005 90026 029 ***386.25

DOCUMENT # P97000082767

1. Entity Name
BARTHOLOMEW-VITELLI, INC.

No 11/11

Principal Place of Business	Mailing Address
420 SE 17TH ST. OCALA, FL 34471-4433	420 SE 17TH ST. OCALA, FL 34471-4433

300036672

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DO NOT WRITE IN THIS SPACE

07012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3469698

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITELLI, MARIO
420 SE 17TH STREET
OCALA, FL 34471

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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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VITELLI, MARIO
STREET ADDRESS	420 SE 17TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	BARTHOLOMEW-VITELLI, CAROL
STREET ADDRESS	420 SE 17TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mario Vitelli MARIO VITELLI 6-30-05 352-351-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #