
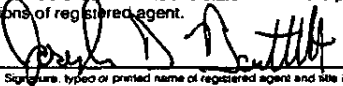
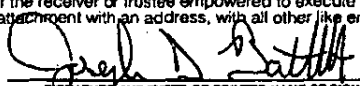


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 042 ***150.00

DOCUMENT # P98000016840 1. Entity Name BARTLETT TOWING, INC.																													
Principal Place of Business 4209 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804			Mailing Address 4209 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804																										
2. Principal Place of Business 1400 Edgewater Dr Suite, Apt. #, etc. Orlando, FL 32804		3. Mailing Address Same Suite, Apt. #, etc. City & State Orlando, FL																											
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3494732																									
Zip 32804		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BARTLETT, JOSEPH D 824 BALTIMORE DRIVE ORLANDO FL 32810				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																													
(NOTE: Registered Agent signature required when re-registering)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P NAME BARTLETT, JOSEPH STREET ADDRESS 4209 N. O.B.T. CITY-ST-ZIP ORLANDO FL 32804 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE P NAME BARTLETT, JOSEPH STREET ADDRESS 4209 N. O.B.T. CITY-ST-ZIP ORLANDO FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> Bartlett Towing Inc 1400 Edgewater Dr Orlando, FL 32804 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bartlett Towing Inc 1400 Edgewater Dr Orlando, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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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: 			Date 1-27-04 Daytime Phone 407-296-6993																										