

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000075020

1. Entity Name

BARTRAM TRADING COMPANY



**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90221 034 \*\*\*150.00

Principal Place of Business

13361 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

Mailing Address

% JOEL B. GILES, ESQUIRE  
200 CENTRAL AVENUE, SUITE 2300  
ST. PETERSBURG, FL 33701



03162006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3542605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 33607-5736

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DODSON, J. THOMAS
STREET ADDRESS	13361 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	BULLARD, FRED B JR.
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	MCNEEL, VAN L
STREET ADDRESS	5401 WEST KENNEDY BLVD. SUITE 751
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VPS
NAME	MORRIS, GREGORY D
STREET ADDRESS	2325 ULMERTON RD., SUITE 20
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VTAS
NAME	WOOD, RENE M
STREET ADDRESS	5401 WEST KENNEDY BLVD., SUITE 751
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gregory Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

Date

727-576-6424

Daytime Phone #