

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # R99000000474

1. Entity Name
BART R. CHERNOFF, INC.



Principal Place of Business
**840 7TH ST., N.W.
NAPLES, FL 34120**

Mailing Address
**840 7TH ST., N.W.
NAPLES, FL 34120**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, RAYMOND L JR.
2335 TAMiami TRAIL N., S-409
NAPLES, FL 34103**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	CHERNOFF, SANDI L
STREET ADDRESS	840 7TH ST., N.W.
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	DP
NAME	CHERNOFF, BART R
STREET ADDRESS	840 7TH ST., N.W.
CITY - ST - ZIP	NAPLES, FL 34120
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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11/19/04-80062-007 150.00

**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:

Sandi L Chernoff

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

SANDI L CHERNOFF

4-14-04

Date

(639) 793-9393

Daytime Phone #