


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000077059</b> 1. Entity Name <b>CROTTY &amp; BARTLETT, P.A.</b>	
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Principal Place of Business <b>1800 W. INTERNATIONAL SPEEDWAY BLVD. STE. 201 DAYTONA BEACH, FL 32114 US</b>	Mailing Address <b>1800 W. INTERNATIONAL SPEEDWAY BLVD. STE. 201 DAYTONA BEACH, FL 32114 US</b>
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3592373</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent  <b>BARTLETT, LAURENCE H 1800 W. INTERNATIONAL SPEEDWAY BLVD. BUILDING 2, SUITE 201 DAYTONA BEACH, FL 32114</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARTLETT, LAURENCE H 1800 W. INTERNATIONAL BLVD. STE. 201 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROTTY, KATHLEEN L 2128 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CROTTY, MICHAEL D 630 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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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000000023459  
02/02/04-60027-005 150.00

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:**  **Laurence H. Bartlett, President 1/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #