


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 260585 1. Entity Name VICTOR SABATTINI & ASSOCIATES, INC.		
Principal Place of Business 212 W. CORNELIUS CR SARASOTA, FL 34232 US	Mailing Address P. O. BOX 3646 SARASOTA, FL 34230 US	



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0975218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SABATTINI, VICTOR 212 W. CORNELIUS CR SARASOTA, FL 34232
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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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SABATTINI, SANDIE A. 212 W. CORNELIUS CR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABATTINI, V 212 W. CORNELIUS CR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABATTINI, LOUIS R. 212 W. CORNELIUS CR SARASOTA, FL 34232
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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05/04/07-80024-018 150.00

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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: Sandra A. Sabattini **Sandra A. Sabattini** 4/17/07 941/371-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #