

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90231 020 \*\*\*150.00

**DOCUMENT # 536409**

1. Entity Name  
**KERKERING, BARBERIO & CO., P.A.**



Principal Place of Business  
**1990 MAIN ST  
801  
SARASOTA, FL 34236**

Mailing Address  
**1990 MAIN ST  
801  
SARASOTA, FL 34236**

40084300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-1753337**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBERIO, A. J.  
1990 MAIN ST STE 801  
SARASOTA, FL 34236**

Name **ROBERT J. LANE**

Street Address (P.O. Box Number is Not Acceptable)  
**1990 MAIN ST STE 801**

City **SARASOTA**

FL

Zip Code  
**34236**

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

*Robert J. Lane*

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete  
NAME **BAUMANN, CHARLES**  
STREET ADDRESS **1990 MAIN ST 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Goble, Richard**  
STREET ADDRESS **1990 main street ste 801**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **P** ☐ Delete  
NAME **ROBERT, J. LANE**  
STREET ADDRESS **1990 MAIN ST 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **CLARKE, ROBERT**  
STREET ADDRESS **1990 MAIN ST STE 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **BARBERIO, ALLAN J**  
STREET ADDRESS **1990 MAIN ST 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Hargreaves, Kathy**  
STREET ADDRESS **1990 main street ste 801**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VP** ☒ Delete  
NAME **GOBLE, RICHARD**  
STREET ADDRESS **1990 MAIN ST 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **GLENDINNING, RENE M**  
STREET ADDRESS **1990 MAIN ST 801**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **S** ☐ Change ☒ Addition  
NAME **Jones, Barbara**  
STREET ADDRESS **1990 main street #801**  
CITY-ST-ZIP **Sarasota, FL 34236**

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:

*Robert J. Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-07 941.365-4617**

Date

Daytime Phone #