2007 FOR PROFIT CORPORATION ANNUAL REPORT

18695-014

FILED Apr 02, 2007 08:00 AM Secretary of State

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US

1. Entity Name

BAY AREA RENAISSANCE FESTIVAL OF LARGO, INC.



Principal Place of Business

11315 N 46TH ST. TAMPA, FL 33617 Mailing Address

11315 N 46TH ST.

TAMPA, FL 33617 US



DO NOT WRITE IN THIS SPACE

01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-1338530

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LALIBENTE, KATHLEEN 11315 N 46TH ST. TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

					· · ·	THE GIAGE	
	named entity submits this statement for the pulions of registered agent.	rpose of changing its regis	tered offi	ce or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and	d accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	applicable. (NOTE, Regis	tered Ageni	signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS		-			11', 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PETERSON, JAMES H 815 NICOLLET MALL #200 MINNEAPOLIS, MN 55402						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• •	U00000686209 04/09/07-80036-009 150.(00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					IN.	THIS SPACE	٠.
TITLE NAME STREET ADDRESS					•	and the second s	

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 eport 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 tike empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-15

Date

Daytime Phone #