

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001871

FILED
Feb 11, 2005
Secretary of State

Entity Name: BARTOLINI FINANCE CORPORATION

Current Principal Place of Business:

1850 E. MAIN ST.
MESA, AZ 85203

New Principal Place of Business:

Current Mailing Address:

2626S FEDERAL HWY.
DELRAY BEACH, FL 33483

New Mailing Address:

2626 S FEDERAL HWY.
DELRAY BEACH, FL 33483

FEI Number: 86-0812783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLINI, ROBERT R
2626 S. FEDERAL HWY.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARTOLINI, JAMES E
Address: 9290 E. THOMPSON PEAK PKWY #203
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P () Delete
Name: BARTOLINI, ROBERT R
Address: 9290 E. THOMPSON PEAK PKWY #203
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S () Delete
Name: BARTOLINI, ROBERT O
Address: 9290 E. THOMPSON PEAK PKWY #205
City-St-Zip: SCOTTSDALE, AZ 85255

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BARTOLINI, JAMES E
Address: 8602 E VIA DEL SOL DR
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P (X) Change () Addition
Name: BARTOLINI, ROBERT R
Address: 8602 E VIA DEL SOL DR
City-St-Zip: SCOTTSDALE, AZ 85255

Title: VP (X) Change () Addition
Name: BARTOLINI, ROBERT O
Address: 10833 E RAINTREE DR
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S () Change (X) Addition
Name: HANCE, EDWARD J
Address: 6684 BROOKHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA KASCHOK

MGR

02/11/2005

Electronic Signature of Signing Officer or Director

Date