

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90037 012 \*\*\*158.75

**DOCUMENT # K53747**

1. Entity Name

COMPETITION BOWLING & TROPHY, INC.



Principal Place of Business

25449 COLMAR AVE  
SORRENTO, FL 32776

Mailing Address

P O BOX 786  
SORRENTO, FL 32776

40052065



**DO NOT WRITE IN THIS SPACE**

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2929914

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANEGO, JOEL R  
2129 WEST FAIRBANKS AVE  
WINTER PARK, FL 32789

**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

**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

TITLE P  
NAME SANFILIPPO, JOSEPH C  
STREET ADDRESS 942 LAKE DESTINY DR, #G  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP  
NAME JANEGO, JOEL R  
STREET ADDRESS 32143 WOLF BRANCH LN  
CITY-ST-ZIP SORRENTO, FL 32776

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joel R. Janego* 4-4-07 407-947-395