


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90019 049 ***150.00

DOCUMENT # P0000003022 1. Entity Name BOMBELLA ENTERPRISES INC.	
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Principal Place of Business 4516 W. PAXTON AVE. TAMPA, FL 33611	Mailing Address 4516 W. PAXTON AVE. TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE

10001000



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3620876	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOMBELLA, ANTHONY P 4516 W. PAXTON AVE. TAMPA, FL 33611
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMBELLA, ANTHONY P 4516 W. PAXTON AVE. TAMPA, FL 33611
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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: Anthony P. Bombella ANTHONY P. BOMBELLA President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTICE OF ELECTION TO BE EXEMPT

Please thoroughly read the instructions before completing this application. Print legibly in each data entry field. If this application contains incomplete or inaccurate information or if the handwriting is not legible, it may cause a delay in the issuance of your exemption.

SECTION 1:

Applicant Name (please print): ANTHONY BOMBELLA
Applicant's social security number or individual taxpayer ID: 481186 15624
Applicant's E-mail address (optional): TNM - 1@msn.com

SECTION 2: I am applying for exemption as a (You must check only one box in this section):

CONSTRUCTION INDUSTRY (\$50 FEE REQUIRED)
 Officer of a Corporation (Title): President -OR- Member of a Limited Liability Company (LLC)
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)
 Officer of a Corporation (Title): _____

The Division will accept a money order, a cashier's check, or an electronic payment made payable to the DFS WC Administration Trust Fund. An officer electing an exemption under Chapter 440, Florida Statutes is not entitled to benefits under this chapter.

SECTION 3. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Florida Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations.
x P00000003022

SECTION 4. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Name of Corporation or LLC: BOMBELLA ENTERPRISES INC FEIN: 59-3620876
AS REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS
Business Name: BOMBELLA ENTERPRISES INC Phone: (813) 831-2358
IF APPLICABLE - LIST FICTITIOUS NAME; DOING BUSINESS AS (DBA); ALSO KNOW N AS NAME (AKA)
Business Mailing Address: 4516 W. PAXTON AVE
INCLUDE APARTMENT OR SUITE NUMBER
City: TAMPA State: FL Zip: 33611 County: HILLSBOROUGH
Scope of Business or Trade of Applicant: 1. PAINTING 2. _____ 3. _____

SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: ACCOUNT NO 2300780048817 See ATTACHED COPY

SECTION 6. Does the county or municipality in which your business is located require an occupational license for your business?
 Yes No **IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.**

SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No
IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):
NAME: _____ FEIN: _____

SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.
A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. **A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.**
B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. **THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

ATTACHMENT

40034080

NOTICE OF ELECTION TO BE EXEMPT - Page 2 P00000003022

SECTION 9.

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

x Amy Bonbella

 SIGNATURE OF APPLICANT

SECTION 10. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: FUBA

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes.

x Amy Bonbella

 APPLICANT'S SIGNATURE

2/16/08

 DATE SIGNED



CHARLES J. NEAL
 MY COMMISSION # DD 663040
 EXPIRES: August 1, 2011
 Bonded Thru Budget Notary Services

NOTARY STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this 16 day of FEB, 2008, by Charles J Neal

Personally Known OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Charles J. Neal My Commission Expires 8/1/2011

Please mail or submit your completed application, application fee, and any required attachments to the district office nearest your place of business.

4415 Metro Parkway
 Suite #300
 Ft. Myers FL 33916
 Telephone (239) 938-1840

921 N. Davis Street
 Building B, Suite #250
 Jacksonville, FL 32209
 Telephone (904) 798-5806

401 NW 2nd Avenue
 Suite #321, South Tower
 Miami FL 33128
 Telephone (305) 536-0306

610 E. Burgess Road
 Pensacola, FL 32504-6320
 Telephone (850) 453-7804

400 West Robinson Street
 Room #512, North Tower
 Orlando FL 32801
 Telephone (407) 835-4406 or
 (407) 245-0896

1111 NE 25th Avenue
 Suite #403
 Ocala FL 34470
 Telephone (352) 401-5350

3111 S. Dixie Highway
 Suite #123
 West Palm Beach FL 33405
 Telephone (561) 837-5716

499 Northwest 70th Avenue
 Suite #116
 Plantation FL 33317
 Telephone (954) 321-2906

**TALLAHASSEE
 SUBMITTERS**

Walk-in submissions:
 2012 Capital Circle SE
 Suite #102, Hartman Bldg.
 Tallahassee FL 32399-2161
 Telephone (850) 413-1609

1718 Main Street, Suite 201
 Sarasota FL 34236
 Telephone (941) 329-1120

* 1313 N. Tampa Street
 Suite #503
 Tampa FL 33602
 Telephone (813) 221-6506

Mail in submissions:
 200 East Gaines Street
 Tallahassee FL 32399-4228
 Telephone (850) 413-1609

STATE USE ONLY	
Effective/Issue Date:	_____
Expiration Date:	_____
Control Number:	_____
Postmark Date:	_____
Received Date:	_____
Payment Number:	_____

#P00000003022

ATTACHMENT

40034080

Y337



INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA

BOMBELLA ENTERPRISES INC.

The Corporation is authorized to issue 100 Common Shares - Par Value \$1:00 each

This Certificate that

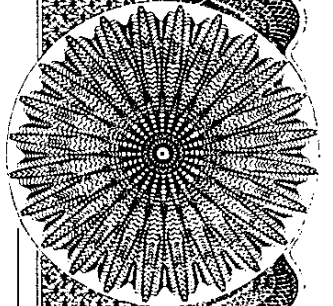
ANTHONY P BOMBELLA

ONE HUNDRED

*is the owner of
fully paid and
non-assessable Shares of the above Corporation transferable only on the
books of the Corporation by the holder hereof in person or by duly authorized
Attorney upon surrender of this Certificate properly endorsed.*

*In Witness Whereof, the said Corporation has caused this Certificate to be signed
by its duly authorized officers and to be sealed with the Seal of the Corporation.*

Dated 01/04/2000



BOMBELLA
ATTACHMENT
40034080
#P00000003822

2007-08

SARASOTA COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.

THIS TAX DOES NOT ASSURE QUALITY OF WORK OR CONFIRM THAT REGULATORY OR ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE.

2300780048817

MACHINES ROOMS SEATS EMPLOYEES
1

BUSINESS TYPE
230078 PAINTING CONTRACTOR

BUSINESS ADDRESS 4516 W PAXTON
FL 33681-0000

PAID-6088840.0001-0001 HSP 08/23/2007 11.81

BOMBELLA ENTERPRISES INC
P O BOX 13227
TAMPA, FL 33681-3227

ACTIVE



BARBARA FORD-COATES, TAX COLLECTOR
101 S. WASHINGTON BLVD., SARASOTA, FL 34238-8993
(941) 861-8300
www.SarasotaTaxCollector.com • info@SarasotaTaxCollector.cc

MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VALID UNTIL 10/1/08