

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P00000028818

1. Entity Name
BUDDA BELLY GLASS STUDIOS, INC.



Principal Place of Business
5894 100TH AVENUE NORTH
PINELLAS PARK, FL 33782-3221

Mailing Address
5894 100TH AVENUE NORTH
PINELLAS PARK, FL 33782-3221



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1127881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VINCENTI, LEONARD M
2430 ESTANCIA BLVD.
SUITE 110
CLEARWATER, FL 33761

**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 reissuing) 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PM
KOZLWSKI, EDMUND J JR
5894 100TH AVENUE N
PINELLAS PARK, FL 337823221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
KOZLOWSKI, BERNADETTE A
5894 100TH AVENUE N
PINELLAS PARK, FL 337823221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MONLLOR, KRISTIE
5894 100TH AVENUE N
PINELLAS PARK, FL 337823221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/22/07-80109-009 150.00

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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: Edmund J. Kozlowski, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 727-235-2896
Date Daytime Phone #