## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # P01000028257  1. Entity Name BARSCO ENTERPRISES, INC.							05	-03-2007 9	90028 025 **	**150	0.00
Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772			Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772				40102255				
2. Principal Place of Business - No P.O. Box # 8200 1/3 Hh STEGET			3. Mailing Address //3/h STREET			T					
Suite, Apt. #, etc. 4 Suite #103			Suite, Apt. #, etc. # 103					hg-P	CR2E034 (12		
SEMINOLE FL			City & State SEMINOLE FO				4. FEI Number 59-3705939	)		No	plied For Applicable
337 337		PINELLAS	33772	77.	HELLA	<u> </u>	5. Certificate of Sta  7. Name and Address		S8.75		
6. Name and Address of Current Registered Agent							7. Name and Acon	SS OF HOW INC	gistered Agent		
BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD. SEMINOLE, FL 33772						dress (i	P.O. Box Number is N	ot Acceptable)	SUITE	#	03
						n	NOF		FL Zig	Code	72_
	Signature, typed	FEE IS \$150.00 Fee will be \$550.0	9. Election Campai	E: Registere	BAR ed Agent signature	required \$5.	Wnöy	ie State Ui Fioi	4/30/0 5/ATE	<u> </u>	
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/CHAN	GES TO OFFI	CERS AND DIREC	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 <del>66 SEIVII</del>	MEY, SCOTT NOLE BLVD E, FL 33772	☐ Delete			87 Se	200 113H	STE	IZO S3377 S377		□ Addition #103
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E			<i>,</i>	Ch	nange	Addition
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TIFLE NAME STREET ADDRESS			☐ Delete	TITLE	t l				CH	nange	☐ Addition

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 of stusted 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. The allocated like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COTT BARTHELMOY DATE

4/30/07

Daytime Phone #