

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000100202

1. Entity Name
3500 MARITANA CORP.



Principal Place of Business
**556 CENTRAL AVE
ST PETERSBURG, FL 33701**

Mailing Address
**556 CENTRAL AVE
ST PETERSBURG, FL 33701**



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3760616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BESSOLO, KEVIN J
556 CENTRAL AVE
ST PETERSBURG, FL 33701**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NA
NAME	NA, NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA, NA NA
TITLE	NA
NAME	NA, NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA, NA NA
TITLE	VP
NAME	BESSOLO, MARTHA E
STREET ADDRESS	556 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	PRES
NAME	BESSOLO, KEVIN J
STREET ADDRESS	556 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	TREA
NAME	BESSOLO, MARTHA E
STREET ADDRESS	556 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VP
NAME	BESSOLO, KEVIN J
STREET ADDRESS	556 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701

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IN THIS SPACE**

UD00000761363
05/25/07-80077-015 150.00

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

5.1.07

Date

727.894.4453

Daytime Phone #