

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132023

FILED
Feb 06, 2007
Secretary of State

Entity Name: KARI BARTOL & ASSOCIATES, INC.

Current Principal Place of Business:

4614 EDGEWATER DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4614 EDGEWATER DRIVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 41-2075704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNG, DAC
4614 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMANO, KARI B
Address: 4614 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: ANDREWS WILLIS, MONICA
Address: 6115 SIQUENZA DR.
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: BARTOL, BRANDY
Address: 55 WILDFLOWER LANE
City-St-Zip: CRAWFORDVILLE, FL 32304

Title: D (X) Delete
Name: BARTOL, GEORGE
Address: 14075 CANAL DR.
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: FERGUSON, AMY
Address: 1157 MELISSA DR.
City-St-Zip: ROANOKE, TX 76262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROMANO, JEFF
Address: 4614 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change () Addition
Name: BARTOL, BRANDY
Address: 48 WILDFLOWER LANE
City-St-Zip: CRAWFORDVILLE, FL 32304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI B. ROMANO

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date