


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P03000002547		
1. Entity Name ROB PARTELO'S WINNER'S CIRCLE INC.		
Principal Place of Business 4242 54TH AVENUE N. ST. PETERSBURG, FL 33714	Mailing Address 4242 54TH AVENUE N. ST. PETERSBURG, FL 33714	



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3678028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE**8. Name and Address of Current Registered Agent**PARTELO, ROBERT
10898 92ND ST N
LARGO, FL 33777**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 type if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees000000716435
04/30/07-80008-009 150.00**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTELO, ROBERT 10898 92ND ST N SEMINOLE, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date727-526-0046
Daytime Phone #