


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000086657</b> 1. Entity Name BAR 7202, INC.	
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Principal Place of Business 6105 MEMORIAL HWY SUITE G TAMPA, FL 33615 US	Mailing Address 6105 MEMORIAL HWY SUITE G TAMPA, FL 33615 US
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**DO NOT WRITE IN THIS SPACE**

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0190303	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MAESTRELLI, RICHARD B  
6105 MEMORIAL HWY  
SUITE G  
TAMPA, FL 33615

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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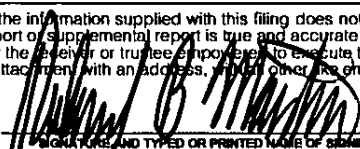
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAESTRELLI, RICHARD B 6105-G MEMORIAL HWY. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELICKE, ALBERT H 18508 CRAWLEY RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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05/31/07-80022-033 158.75

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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, if not other, the empowered.

**SIGNATURE:**  **Richard B Maestrelli** 4/30/07 (813) 882-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #