

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90120 007 ***150.00

DOCUMENT # P03000119621

1. Entity Name

DANTE BARBATO ENTERPRISES, INC.



Principal Place of Business

17301 LINDA VISTA CIRCLE
TAMPA FL 33548

Mailing Address

17301 LINDA VISTA CIRCLE
TAMPA FL 33548

2. Principal Place of Business

3028 Sunset Lakes Blvd
Suite, Apt. #, etc.

3. Mailing Address

3028 Sunset Lakes Blvd
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Land O' Lakes, FL
Zip 34638 Country Pasco

City & State

Land O' Lakes, FL
Zip 34638 Country Pasco

4. FEI Number

20-0328109

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBATO, ANTHONY
17301 LINDA VISTA CIRCLE
LUTZ FL 33548

7. Name and Address of New Registered Agent

Name Anthony Barbato
Street Address (P.O. Box Number is Not Acceptable)
3028 Sunset Lakes Blvd
City Land O' Lakes FL Zip Code 34638

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)

3/31/05

FILE NOW!!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,VP	<input type="checkbox"/> Delete
NAME	BARBATO, ANTHONY	
STREET ADDRESS	17301 LINDA VISTA CIRCLE	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	BARBATO, PRISCILLA A	
STREET ADDRESS	17301 LINDA VISTA CIRCLE	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Barbato	
STREET ADDRESS	3028 Sunset Lakes Blvd	
CITY-ST-ZIP	Land O' Lakes, FL 34638	
TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Priscilla A. Barbato	
STREET ADDRESS	3028 Sunset Lakes Blvd.	
CITY-ST-ZIP	Land O' Lakes, FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/31/05