

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092831

FILED
Jul 08, 2005
Secretary of State

Entity Name: BOMBARDIERI ENTERPRISES INC

Current Principal Place of Business:

522 BOUNDARY BLVD
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

522 BOUNDARY BLVD
ROTONDA WEST, FL 33947

New Mailing Address:

FEI Number: 20-1259795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCO, CARROLL S JR
1861 PLACIDA RD
STE 201
ENGLEWOOD, FL 34223 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: PD () Delete
Name: BOMBARDIERI, ROBERT L
Address: 522 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD () Delete
Name: BOMBARDIERI, ROBERT L
Address: 522 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: VPD () Delete
Name: BOMBARDIERI, PAMELA A
Address: 522 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: SD () Delete
Name: BOMBARDIERI, PAMELA A
Address: 522 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: ROBERT L. BOMBARDIERI

PD

07/08/2005

Electronic Signature of Signing Officer or Director

Date