

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000092831

1. Entity Name
BOMBARDIERI ENTERPRISES INC



Principal Place of Business
522 BOUNDARY BLVD
ROTONDA WEST, FL 33947

Mailing Address
522 BOUNDARY BLVD
ROTONDA WEST, FL 33947



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1259795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARCO, CARROLL S JR
1861 PLACIDA RD
STE 201
ENGLEWOOD, FL 34223

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOMBARDIERI, ROBERT L
STREET ADDRESS 522 BOUNDARY BLVD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE TD
NAME BOMBARDIERI, ROBERT L
STREET ADDRESS 522 BOUNDARY BLVD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE VPD
NAME BOMBARDIERI, ROBERT L
STREET ADDRESS 522 BOUNDARY BLVD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE SD
NAME BOMBARDIERI, ROBERT L
STREET ADDRESS 522 BOUNDARY BLVD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000839082
03/05/08-80058-002 150.00

**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

2/21/08

Daytime Phone #