

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105252

FILED  
May 08, 2007  
Secretary of State

Entity Name: BACK LOT PARTNERS, INC.

## Current Principal Place of Business:

5235 45TH STREET E.  
BRADENTON, FL 34203

## New Principal Place of Business:

## Current Mailing Address:

5235 45TH STREET E.  
BRADENTON, FL 34203

## New Mailing Address:

FEI Number: 51-0549839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOKAJKO, JOHN P  
5235 45TH STREET E.  
BRADENTON, FL 34203      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: DP ( ) Delete  
Name: KOKAJKO, JOHN P  
Address: 5235 45TH STREET E.  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: DUGAN, TROY  
Address: 1109 TAMiami TRAIL  
City-St-Zip: BRADENTON, FL 34205

Title: DV ( ) Delete  
Name: HUMPHREYS, SUSAN  
Address: 2915 FIDDLERS BEND  
City-St-Zip: PALMETTO, FL 34221

Title: S ( ) Delete  
Name: GARGIULO, ROBERT G  
Address: 4301 32ND ST W  
City-St-Zip: BRADENTON, FL 34205

Title: T ( ) Delete  
Name: ROGERS, REBA  
Address: 3639 CORTEZ RD W  
City-St-Zip: BRADENTON, FL 34210

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN P KOKAJKO

DP

05/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date