

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000106647

1. Entity Name
BART STANCAMPIANO, INC.



Principal Place of Business
**17602 WILLOW CREEK BLVD
LUTZ, FL 33549**

Mailing Address
**17602 WILLOW CREEK BLVD
LUTZ, FL 33549**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3822317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STANCAMPIANO, BART
17602 WILLOW CREEK BLVD
LUTZ, FL 33549**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000619469
02/08/07-80074-008 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STANCAMPIANO, BART**
STREET ADDRESS **17602 WILLOW CREEK BLVD**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

2/3/07
Date

813 949 9111
Daytime Phone #