

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000123538

1. Entity Name
FOSCOLO CORPORATION



Principal Place of Business
1172 EGRET CIRCLE SOUTH
JUPITER, FL 33458

Mailing Address
1172 EGRET CIRCLE SOUTH
JUPITER, FL 33458

**FILED
Jan 18, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3468711	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTOLEC, TOM
1172 EGRET CIRCLE SOUTH
JUPITER, FL 33458

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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

000000591115
01/19/07-80010-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME BARTOLEC, TOM
STREET ADDRESS 1172 EGRET CIRCLE SOUTH
CITY-ST-ZIP JUPITER, FL 33458

TITLE SECY
NAME BARTOLEC, ANNE LOUISE
STREET ADDRESS 1172 EGRET CIRCLE SOUTH
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Anne-Louise Bartolac Anne-Louise Bartolac 1-13-07 56-575
0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #