

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000153124

1. Entity Name  
THE BARTOLONE CORP.



FILED  
2006 OCT 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1541 S.E. NIEMEYER CIRCLE  
PORT ST. LUCIE, FL 34952

Mailing Address  
1541 S.E. NIEMEYER CIRCLE  
PORT ST. LUCIE, FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08232006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3882117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEVENSTEIN, RICHARD H  
853 S.E. MONTEREY COMMONS BLVD  
STUART, FL 34996

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME BARTOLONE, MICHAEL A ☐ Delete  
STREET ADDRESS 1541 S.E. NIEMEYER CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE VP  
NAME BARTOLONE, MICHAEL A ☒ Delete  
STREET ADDRESS 1541 S.E. NIEMEYER CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE Exec. VP and Treas. ☐ Delete  
NAME Taylor, James  
STREET ADDRESS 1541 SE Niemeyer Circle, PSL, FL 34952  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME Erling, Greg  
STREET ADDRESS 1541 SE Niemeyer Circle  
CITY-ST-ZIP PSL, FL 34952

TITLE Sec ☐ Delete  
NAME Bartolone, Mary  
STREET ADDRESS 1541 SE Niemeyer Circle  
CITY-ST-ZIP PSL, FL 34952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 09/25/06--01013--009 \*\*\$35.00  
STREET ADDRESS 900080947339  
CITY-ST-ZIP 09/25/06--01013--009 \*\*\$35.00

TITLE ☐ Change ☐ Addition  
NAME 900080947339  
STREET ADDRESS 10/18/06--01011--002 \*\*\$26.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME B10/18/06  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael A. Bartolone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Bartolone

10/3/06

Date

Daytime Phone #