


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90205 013 \*\*\*158.75

DOCUMENT # P06000009461			
1. Entity Name ANTHONY BARBACANE INC			
Principal Place of Business 6342 YELLOWTOP DRIVE BRADENTON, FL 34202 US		Mailing Address 6342 YELLOWTOP DRIVE BRADENTON, FL 34202 US	
2. Principal Place of Business - No P.O. Box # 4802 57 <sup>th</sup> St. W.		3. Mailing Address 4802 57 <sup>th</sup> St. W.	
Suite, Apt. #, etc. 313		Suite, Apt. #, etc. 313	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34210	Country	Zip 34210	Country
04062007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-4165445		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBACANE, ANTHONY 6342 YELLOWTOP DRIVE BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name: Anthony Barbacane Street Address (P.O. Box Number is Not Acceptable): 4802 57 <sup>th</sup> St W 313 City: Bradenton FL Zip Code: 34210	
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: <u>Anthony Barbacane</u> DATE: <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARBACANE, ANTHONY 6342 YELLOWTOP DRIVE BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbacane Anthony 4802 57 <sup>th</sup> St W, #313 Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anthony Barbacane</u>		Anthony Barbacane <u>4/25/07</u> <u>941-224-1246</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	