

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90337 047 ***150.00

DOCUMENT # P97000000378

1. Entity Name
KERKERING BARBERIO FINANCIAL SERVICES, INC.



Principal Place of Business
1858 RINGLING BLVD
SARASOTA, FL 34236 US

Mailing Address
1858 RINGLING BLVD
#1
SARASOTA, FL 34236 US

50010778



03262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
1990 Main St

3. Mailing Address
1990 Main St

Suite, Apt. #, etc.
801

Suite, Apt. #, etc.
801

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34236

Country
USA

Zip
34236

Country
USA

4. FEI Number
65-0721163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSSOFF, MARTIN J
1858 RINGLING BLVD
SARASOTA, FL 34236

Name
Street Address (P.O. Box Number is Not Acceptable)
1990 Main St, Ste 801
City
Sarasota FL Zip Code
34236

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOSSOFF, MARTIN J	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARKE, ROBERT P	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLENDINNING, RENE A	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARBERIO, ALLAN J	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOBLE, RICHARD E	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1990 Main St, #801	
STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1990 Main St, #801	
STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1990 Main St, #801	
STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1990 Main St, #801	
STREET ADDRESS	Sarasota, FL 34236	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. CLARKE

3-29-06

Date

941 365-4612

Daytime Phone #