2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000000378

1. Entity Name

KERKERING BARBERIO FINANCIAL SERVICES, INC.



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

Malling Address

1990 MAIN ST

801

1990 MAIN ST

801

SARASOTA, FL 34236 US

SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

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

KOSSOFF, MARTIN J 1990 MAIN ST. STE 801 SARASOTA, FL 34236 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 acc	cept
	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

10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSSOFF, MARTIN J 1990 MAIN ST #801 SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, ROBERT P 1990 MAIN ST #801 SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENDINNING, RENEA 1990 MAIN ST #801 SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBERIO, ALLAN J 1990 MAIN ST #801 SARASOTA, FL 34236	- 1-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOBLE, RICHARD E 1990 MAIN ST #801 SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

// U000000732515 / 05/09/07-80049-002/150:00

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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

4-24-07

941365-4617

Daytime Phone #