


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90044 015 \*\*\*150.00

**DOCUMENT # F98000001871**

1. Entity Name  
**BARTOLINI FINANCE CORPORATION**



Principal Place of Business      Mailing Address  
 1850 E. MAIN ST.                      2626 S FEDERAL HWY.  
 MESA, AZ 85203                      DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**734 W MAIN ST**                      Suite, Apt. #, etc.

City & State      City & State  
**MESA, AZ**                      City & State

Zip      Country      Zip      Country  
**85201**      **USA**                      Zip      Country

40041000



02202008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**86-0812783**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARTOLINI, ROBERT R**  
**2626 S. FEDERAL HWY.**  
**DELRAY BEACH, FL 33483**

**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: *Robert R Bartolini*      DATE: *2/27/08*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$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	<b>T</b> <b>BARTOLINI, JAMES E</b> <b>8602 E VIA DEL SOL DR</b> <b>SCOTTSDALE, AZ 85255</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10945 SUNSET RIDGE CIRCLE</b> <b>BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTOLINI, ROBERT R</b> <b>8602 E VIA DEL SOL DR</b> <b>SCOTTSDALE, AZ 85255</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARTOLINI, ROBERT O</b> <b>10833 E RAINTREE DR</b> <b>SCOTTSDALE, AZ 85255</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17439 N 100TH PLACE</b> <b>SCOTTSDALE, AZ 85255</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HANCE, EDWARD J</b> <b>6684 BROOKHURST CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Robert R Bartolini*      Date: *2/27/08*      954-224-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #