

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001871

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: BARTOLINI FINANCE CORPORATION

**Current Principal Place of Business:**

1850 E. MAIN ST.  
MESA, AZ 85203

**New Principal Place of Business:**

**Current Mailing Address:**

2626S FEDERAL HWY.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

2626 S FEDERAL HWY.  
DELRAY BEACH, FL 33483

FEI Number: 86-0812783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BARTOLINI, JAMES E  
Address: 9290 E. THOMPSON PEAK PKWY #203  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P ( ) Delete  
Name: BARTOLINI, ROBERT R  
Address: 9290 E. THOMPSON PEAK PKWY #203  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S ( ) Delete  
Name: BARTOLINI, ROBERT O  
Address: 9290 E. THOMPSON PEAK PKWY #205  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: BARTOLINI, JAMES E  
Address: 8602 E VIA DEL SOL DR  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P (X) Change ( ) Addition  
Name: BARTOLINI, ROBERT R  
Address: 8602 E VIA DEL SOL DR  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: VP (X) Change ( ) Addition  
Name: BARTOLINI, ROBERT O  
Address: 10833 E RAIN TREE DR  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S ( ) Change (X) Addition  
Name: HANCE, EDWARD J  
Address: 6684 BROOKHURST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA KASCHOK

MGR

02/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date