

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061315

Entity Name: BARB & GYM, INC.

FILED  
Feb 17, 2005  
Secretary of State

**Current Principal Place of Business:**

1441 ST. CLAIR ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1441 ST. CLAIR ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 03-0456598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALLERON, JAMES G  
1441 ST. CLAIR ROAD  
ENGLEWOOD, FL 34223 US

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

HALLERON, BARBARA J  
1441 ST. CLAIR ROAD  
ENGLEWOOD, FL 34223 US

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: BARBARA J. HALLERON

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HALLERON, JAMES G  
Address: 1441 ST. CLAIR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: HALLERON, BARBARA  
Address: 1441 ST. CLAIR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: VP (X) Change ( ) Addition  
Name: HALLERON, JAMES G  
Address: 1441 ST. CLAIR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: P (X) Change ( ) Addition  
Name: HALLERON, BARBARA  
Address: 1441 ST. CLAIR ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

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: BARBARA J. HALLERON

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date