


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 246116 1. Entity Name BAR-B RANCH, INC.	
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Principal Place of Business 9601 SW CITRUS BLVD INDIANTOWN, FL 34956	Mailing Address PO BOX 801 INDIANTOWN, FL 34956
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**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1004187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS  
150 SE 2ND AVE. STE 1200  
MIAMI, FL 33131

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE 730 S. ALHAMBRA CIRCLE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, LANCE 931 S. ALHAMBRA CIR MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, WILLIAM 9601 SW CITRUS BLVD INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/20/06-80070-003 150.00

**DO NOT WRITE IN THIS SPACE**

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: William Troup William Troup 2/6/06 (772) 260-4430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #