

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 253599



Entity Name

BAR INC

Principal Place of Business

**1 COLONIAL DRIVE
WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 1944
WINTER PARK FL 32790-1944
US**



Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-1035488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAHAN II, SCOTT
147 S INTERLACHEN #300
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

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, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

STD ☐ Delete
STRAHAN, ARRENA
147 S INTERLACHEN #300
WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

000000396522
01/30/06-80014-001 150.00

PD ☐ Delete
STRAHAN II, SCOTT
147 S INTERLACHEN #300
WINTER PARK FL 32789

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, as changed, or on an attachment with an address, with all other like empowered.

NATURE: Scott E. Strahan II 1/20/06 407-277-1200