


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 531352
 1. Entity Name
 BAR CONTROLS OF FLORIDA, INC.



Principal Place of Business
 180 LYMAN RD
 SUITE 120
 CASSELBERRY, FL 32707 US

Mailing Address
 P.O. BOX 181125
 CASSELBERRY, FL 32718 US



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1754079

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ERDMAN, DAVID A
 1550 DODD RD.
 WINTER PK, FL 32792

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE
 03/13/07-80106-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ERDMAN, DAVID A. 1550 DODD RD. WINTER PK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ERDMAN, GARRY L. 917 WESSON DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OAKES, DEBORAH G 854 N. JERICO DRIVE CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Deborah G. Oakes Date: 3/2/07 Daytime Phone #: 407-824-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah G. Oakes