


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90228 026 \*\*\*550.00


DOCUMENT # 608316  
 1. Entity Name  
 G.R. BARBATO AND CO., INC.



Principal Place of Business: 852 N. MILITARY TRAIL, PALM BEACH FL 33415 US  
 Mailing Address: P.O. BOX 28, PALM BEACH FL 33480 US

2. Principal Place of Business: 2000 Florida Mango Rd., Suite 103  
 3. Mailing Address: PO Box 28

City & State: West Palm Beach, FL  
 City & State: Palm Beach, FL  
 Zip: 33409 Country: USA  
 Zip: 33480 Country: USA

50052475  
  
 1st MOORE CR2E034 (10/04)

4. FEI Number: 59-1885303  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARBATO, GENE R  
 1280 N. LAKE WAY  
 PALM BCH FL 33480

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBATO, GENE R	
STREET ADDRESS	1280 N. LAKE WAY	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, JANICE	
STREET ADDRESS	266 COLONIAL LANE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBATO, JANICE M	
STREET ADDRESS	1280 N. LAKE WAY	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBATO, EUGENE R. JR.	
STREET ADDRESS	22 OAKENCROFT ROAD	
CITY-ST-ZIP	WELLESLEY MA 02482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: G.R. Barbato G.R. BARBATO Date: 5/1/05 561-684-0637 Daytime Phone #