


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.		3. Mailing Address PO Box 28	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. 	
City & State West Palm Beach, FL		City & State Palm Beach, FL	
Zip 33409		Zip 33480	
Country USA		Country USA	
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 <div style="text-align: right;">FL</div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBATO, GENE R 1280 N. LAKE WAY PALM BCH. FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, JANICE 266 COLONIAL LANE PALM BEACH FL 33480	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBATO, JANICE M 1280 N. LAKE WAY PALM BCH. FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBATO, EUGENE R. JR. 22 OAKENCROFT ROAD WELLESLEY MA 02482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1885303** Applied For
Not Applicable

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

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 **5/1/05 561-684-0037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #