

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 608316

1. Entity Name
G.R. BARBATO AND CO., INC.



Principal Place of Business
2000 FLORIDA MANGO RD
SUITE 103
WEST PALM BEACH, FL 33409 US

Mailing Address
P.O. BOX 28
PALM BEACH, FL 33480 US



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1885303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBATO, GENE R
1280 N. LAKE WAY
PALM BCH, FL 33480

**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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBATO, GENE R
STREET ADDRESS	1280 N. LAKE WAY
CITY-ST-ZIP	PALM BCH., FL
TITLE	D
NAME	CONROY, JANICE
STREET ADDRESS	266 COLONIAL LANE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	CONROY, FRANCIS P
STREET ADDRESS	266 COLONIAL LN
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	BARBATO, EUGENE R. JR.
STREET ADDRESS	22 OAKENCROFT ROAD
CITY-ST-ZIP	WELLESLEY, MA 02482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 2007 561-624-0037

Date

Daytime Phone #