

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000005670

1. Entity Name
BARBA TRAVIS ENTERPRISES, INC.



Principal Place of Business
**558 MARSH CREEK ROAD
VENICE, FL 34292**

Mailing Address
**558 MARSH CREEK ROAD
VENICE, FL 34292**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3682769 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000474763
04/04/06-80037-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVCT
BARBA, JOSEPH
186 BROOKLANE ROAD
FLORHAM PARK, NJ 07932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TRAVIS, KELLY
558 MARSH CREEK ROAD
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARBA, DENA
186 BROOKLANE ROAD
FLORHAM PARK, NJ 07932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
TRAVIS, RYAN
12 F DORADO DRIVE
MORRISTOWN, NJ 07960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ryan Travis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 973.515535

Date

Daytime Phone #