


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

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90146 017 \*\*\*550.00

**DOCUMENT # F27009**  
 1. Entity Name  
**B. RISQUE' FASHIONS, INC.**




Principal Place of Business Mailing Address  
**C/O BONNIE LEE BARLOW** **C/O BONNIE LEE BARLOW**  
**1026 US HWY 19** **1026 US HWY 19**  
**HOLIDAY FL 34691** **HOLIDAY FL 34691**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

**50063863**



2nd MOORE CR2E034 (5/05)

4. FEI Number **59-2086885** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARLOW, BONNIE LEE** *(Home)*  
~~1706 PINETREE~~ **5423 Front Dr.**  
**HOLIDAY FL 34690**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARLOW, BONNIE	
STREET ADDRESS	5423 FRONT DR.	
CITY-ST-ZIP	HOLIDAY, FLORIDA <del>33590</del>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, BARBARA	
STREET ADDRESS	780 BRITAN PARK BLVD	
CITY-ST-ZIP	TARPON SPRIGGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBSON, CRYSTAL	
STREET ADDRESS	<del>7363 JASMINE DR.</del>	
CITY-ST-ZIP	NEW PORT RICHEY FL	
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	<b>34690</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>5508 Jasperwood Dr</b> <b>Holiday FL 34690</b>	
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 empowerments.

SIGNATURE: *Bonnie Barlow* **7-23-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #