## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 08, 2006 8:00 am Secretary of State DOCUMENT # H09409 1. Entity Name 05-08-2006 90283 025 \*\*\*150.00 BARR REALTY, INC. Principal Place of Business Mailing Address DALÉ B. P.O. BOX 2157 1011 19TH AVE: SW VERO BEACH FL 32962 VERO BEACH FL 32961 3. Maiing Address COAREC Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number City & State NO-T APPLICABLE Not Applicable Country Zip \$8.75 Additional 2STATES 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTUCCIO, DALE A. Street Address (P.O. Box Number is Not Acceptable) 986 29TH STREET VERO BEACH FL 32960 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 BELOW. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change BARTUCCIO, DALE A. NAME NAME STREET ADDRESS STREET ADDRESS 986 29TH STREET CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-ZIP ☐ Addition TITLE Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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.

**FILED**