

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 029 ***150.00

DOCUMENT # H56431

1. BARBE J. CORPORATION



499 N ST RD 434
SUITE #2179
ALTAMONTE SPRINGS, FL 32714 US

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SUITE #2179
ALTAMONTE SPRINGS, FL 32714 US



01252005 Chg-P CR2E034 (10/03)

2.

3.

4. 59-2518297

5. ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINGSWORTH, GEORGE R I
499 N ST RD 434
STE 2179
ALTAMONTE SPRINGS, FL 32714

Hollingsworth, George R II

FL

8.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. ☐ \$5.00 May Be Added to Fees

10.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HOLLINGSWORTH, GEORGE R II 499 N SR 434 SUITE 2179 ALTAMONTE SPGS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hollingsworth II, George R</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. SIGNATURE: *George R. Hollingsworth II* *1/12/05 407-802-9560*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR