


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 003 ***150.00

DOCUMENT # J22174

1. Entity Name
GARY W. BARRICK, P.A.



Principal Place of Business Mailing Address
5300 SOUTH FLORIDA AVE. **5300 SOUTH FLORIDA AVE.**
SUITE B **SUITE B**
LAKELAND FL 33813 **LAKELAND FL 33813**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5300 SOUTH FLORIDA AVE. **5300 SOUTH FLORIDA AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 2 **SUITE 2**

1st MOORE CR2E034 (10/06)

City & State City & State
LAKELAND FL **LAKELAND FL**

Zip Country Zip Country
33813 **US** **33813** **US**

4. FEI Number Applied For
59-2688785 Not Applicable

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

6. Name and Address of Current Registered Agent
BARRICK, GARY W
5300 SOUTH FLORIDA AVE.
SUITE B
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name **BARRICK, GARY W**
 Street Address (P.O. Box Number is Not Acceptable) **5300 SOUTH FLORIDA AVE.**
SUITE 2
 City **LAKELAND** FL Zip Code **33813**

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 registering) _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BARRICK, GARY W 5300 SOUTH FLORIDA AVE., SUITE B LAKELAND FL 33813	<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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BARRICK, GARY W 5300 SOUTH FLORIDA AVE., SUITE 2 LAKELAND FL 33813	<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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **GARY W. BARRICK** Date: **2/15/07** Phone: **863-646-2951**