2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J22915

1. Entity Name
BAR & FERG'S ACADEMY, INC.

Principal Place of Business	Mailing Address
200 STERLING AVENUE DELRAY BEACH, FL 33444	C\O MARY ANN FERGUSON 200 STERLING AVE. DELRAY BEACH, FL 33444
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03092005   Chg-P   CR2E034 (10/03)

4. FEI Number
59-2731265   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FERGUSON, MARY ANN
200 STERLING AVE
DELRAY BEACH, FL 33444

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 _____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FERGUSON, MARY ANN		NAME			
STREET ADDRESS	12717 OAK RUN COURT		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FERGUSON, ROOSEVELT		NAME			
STREET ADDRESS	12717 OAK RUN COURT		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ALLEN, CARLA RAMONA		NAME			
STREET ADDRESS	7494 BRUNSWICK CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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 empowered.

SIGNATURE: *Mary Ann Ferguson*, PRESIDENT   3-14-05   561-278-8669

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