

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # K32068

**1. Entity Name
BARBA & ASSOCIATES, INC.**



Principal Place of Business

**% FRANK A. BARBA
1411 SHIRLEY COURT
LAKE WORTH, FL 33461**

Mailing Address

**% FRANK A. BARBA
1411 SHIRLEY COURT
LAKE WORTH, FL 33461**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0070775

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBA, FRANK A.
1411 SHIRLEY COURT
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---------------------------|
| TITLE | PD |
| NAME | BARBA, FRANK A. |
| STREET ADDRESS | 1411 SHIRLEY COURT |
| CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | STD |
| NAME | BARBA, DOROTHY W. |
| STREET ADDRESS | 1411 SHIRLEY COURT |
| CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/09/07-80036-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, DOROTHY W. BARBA

SIGNATURE: *L Dorothy W Barba ST*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 5615420725

Date

Daytime Phone #