

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K50188

1. Entity Name
BARRY L. GREGOIRE, INC.



Principal Place of Business
100 EXECUTIVE WAY
STE 204
PONTE VEDRA BEACH, FL 32082

Mailing Address
100 EXECUTIVE WAY
STE 204
PONTE VEDRA BEACH, FL 32082

**FILED
Jan 13, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2921302	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREGOIRE, BARRY L
P O BOX 2794
518 LEMASTER DR
PONTE VEDRA BCH, FL 32004

**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

Barry L. Gregoire

(NOTE Registered Agent signature required when changing)

DATE

1-11-05

**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

TITLE PD
NAME GREGOIRE, BARRY L.
STREET ADDRESS 518 LEMASTER DR
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000180078
01/13/05-80044-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Barry L. Gregoire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-05