

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05982

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** BARBOT, STEUART & ASSOCIATES, INC.

**Current Principal Place of Business:**

13861 PLANTATION ROAD  
SUITE 105  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13861 PLANTATION ROAD  
SUITE 105  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0135198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEUART, I K  
13861 PLANTATION ROAD  
SUITE 105  
FT. MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEUART, I. K  
Address: 158 GULFVIEW ROAD  
City-St-Zip: PUNTA GORDA, FL

Title: VD ( ) Delete  
Name: BARDOT, DESI  
Address: P.O. BOX 1154 N/A  
City-St-Zip: FLORENCE, S. CAR.,

Title: STD ( ) Delete  
Name: SLISHER, DONALD  
Address: PO BOX 1495  
City-St-Zip: LEHIGH ACRES, FL 33970

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I.K. STEUART

PRES

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date