



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001573			
1. Entity Name THE BARDES FAMILY FOUNDATION, INC.			
Principal Place of Business 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963	Mailing Address 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		
DO NOT WRITE IN THIS SPACE		01162006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-1084016	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FENNELL, TODD W 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000532388 05/06/06-80082-005 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDES, DAVID A 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNELL, TODD W 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, BRUCE 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		David A. Bardes 4-20-06 <small>Date</small>	772-569-4341 <small>Daytime Phone #</small>