

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 007 ****61.25



DOCUMENT # N04000003937

1. Entity Name
PEGASUS RISING, INC.

Principal Place of Business
 2628 S CENTRAL AVE
 FLAGLER BCH FL 32136

Mailing Address
 2628 S CENTRAL AVE
 FLAGLER BCH FL 32136



2. Principal Place of Business
42 SLEEPY HOLLOW TRAIL

3. Mailing Address
42 SLEEPY HOLLOW TRAIL

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State
PALM COAST FL

City & State
PALM COAST FL

Zip
32164

Country
FLORIDA

Zip
32164

Country
FLORIDA

4. FEI Number
56-2473704

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BIRR, GAIL
42 SLEEPY HOLLOW TRAIL
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name
BARR, GAIL

Street Address (P.O. Box Number is Not Acceptable)
42 SLEEPY HOLLOW TRAIL

City
PALM COAST FL Zip Code
32164

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 *Gail Barr* **GAIL BARR PRES.** **4.21.06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BARR, ART	
STREET ADDRESS	2628 S CENTRAL AVE	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARR, GAIL	
STREET ADDRESS	2628 S CENTRAL AVE	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, STONOR M.	
STREET ADDRESS	42 SLEEPY HOLLOW TRAIL	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, GAIL	
STREET ADDRESS	42 SLEEPY HOLLOW TRAIL	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Gail Barr* **GAIL BARR PRES.** **4.21.06** **321-437-5683**