

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90695 020 ***150.00

DOCUMENT # P00000022783

1. Entity Name
BARBARA'S ENTERPRISES INC.



Principal Place of Business
**884 COPPERFIELD TERRACE
CASSELBERRY, FL 32707**

Mailing Address
**884 COPPERFIELD TERRACE
CASSELBERRY, FL 32707**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3711382 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PROENZA, BARBARA
884 COPPERFIELD TERR
CASSELBERRY, FL 32707**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PROENZA, BARBARA
884 COPPERFIELD TERR
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/04 (407) 696-7106
Cel. (786) 457-1199**

Attachment

54050381

P0000022783

Mail completed report to:

IMPORTANT
IMPORTANTE

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

**PLEASE SIGN AND SEND IT IN THE
ENCLOSED ENVELOPE WITH A CHECK
FOR \$150.00 TO THE NAME OF
FLORIDA DEPARTMENT OF STATE
ON OR BEFORE MAY 1st.**

~~AFTER MAY 1st IT WILL BE \$550.00~~

**FIRMAR Y ENVIAR EN EL SOBRE
ADJUNTO CON UN CHEQUE POR \$150.00
A NOMBRE DE FLORIDA DEPARTMENT
OF STATE ANTES DE MAYO 1ro.
~~DESPUES DE MAYO 1ro. SERAN \$550.00~~**