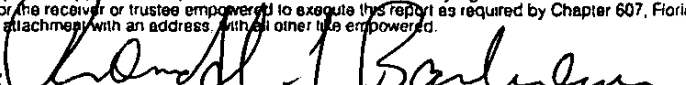


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90535 014 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000032999 1. Entity Name RONALD L. BARBOUR, P.A.			
Principal Place of Business 5208 EAST FOWLER AVE SUITE E TAMPA, FL 33617		Mailing Address 5208 EAST FOWLER AVE SUITE E TAMPA, FL 33617	
2. Principal Place of Business <i>5208 East Fowler Avenue</i>		3. Mailing Address <i>5208 East Fowler Avenue</i>	
Suite, Apt. #, etc <i>#3</i>		Suite, Apt. #, etc <i>#3</i>	
City & State <i>Tampa, Florida</i>		City & State <i>Tampa, Florida</i>	
Zip <i>33617</i>		Zip <i>33617</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3482313		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 too if applicable (NOTE: Registered Agents signature required when returning)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D BARBOUR, RONALD L 5208 EAST FOWLER AVE SUITE E TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, without other fee empowered.			
SIGNATURE: 		4/25/05 813-983-0700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50046287



04262006 Chg-P CR2E034 (10/03)