2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT# P00000038577

1. EntityName
MR BARRY, INC.

PrincipalPlaceofBusiness	MailingAddress
2909 WEST STATE ROAD 434 #121-131 LONGWOOD, FL 32779	2909 WEST STATE ROAD 434 #121-131 LONGWOOD, FL 32779

01312005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3639247
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GOODMAN, BARRY S
2909 W. STATE ROAD 434
SUITE 121-131
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

U00000284585
04/02/05-80011-009 150.00

10. OFFICERSANDDIRECTORS

TITLE	PDST
NAME	GOODMAN, BARRY S
STREETADDRESS	2909 WEST STATE ROAD 434 #121-131
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempowered toexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anadditionalname.

SIGNATURE: _____ Barry S. Goodman 3/18/05 407-786-4244
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#