


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000103229	
1. Entity Name BAARS REALTY, INC.	

Principal Place of Business 221 S BAYLEN ST PENSACOLA, FL 32501	Mailing Address 221 S BAYLEN ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3717107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAARS, THEO D JR 221 S BAYLEN ST PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAARS, THEO D JR 221 S BAYLEN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAARS, THEO D III 221 S BAYLEN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAARS, BRYAN 221 S BAYLEN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/04-80026-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

**DO NOT WRITE
IN THIS SPACE**