
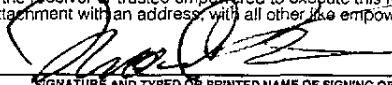


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 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	
DO NOT WRITE IN THIS SPACE		
		01142005 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		
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		Theo D. Baars, III Date 01/15/2005 Daytime Phone # (850) 432-9944