

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000112506

1. Entity Name
BARMOR INVESTMENTS, INC.



Principal Place of Business
730 E. STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE, FL 32935

Mailing Address
730 E. STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE, FL 32935



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3685182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORGAN, CLAY D
730 E. STRAWBRIDGE AVENUE
SUITE 200
MELBOURNE, FL 32935

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, 2006 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	DP MORGAN, CLAY D 730 E. STRAWBRIDGE AVENUE SUITE 200 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBARY, PATRICK 730 E. STRAWBRIDGE AVENUE SUITE 200 MELBOURNE, FL 32935
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 05/03/06-80032-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

One Daytime Phone # _____