

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000011136

1. Entity Name  
BARBARA BAY INC.



Principal Place of Business  
870 OLD DIXIE HIGHWAY, NO. 18  
LAKE PARK, FL 33403

Mailing Address  
870 OLD DIXIE HIGHWAY, NO. 18  
LAKE PARK, FL 33403

**FILED  
Jan 07, 2008 08:00 A  
Secretary of State**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1095156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STURGEON, BARBARA C  
870 OLD DIXIE HIGHWAY, NO. 18  
LAKE PARK, FL 33403

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

0000000774591  
01/07/08-60021-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STURGEON, BARBARA C
STREET ADDRESS	870 OLD DIXIE HIGHWAY, NO. 18
CITY-ST-ZIP	LAKE PARK, FL 33403

TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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

Date 1/4/08 Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

361-840-3445