


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000068956 1. Entity Name BARBARA & PATRICIA DESIGNS, INC. |  |
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| Principal Place of Business 1925 TIMBERLINE DRIVE NAPLES, FL 34109 | Mailing Address 1925 TIMBERLINE DRIVE NAPLES, FL 34109 |
|--|--|



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3734825 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent REITINGER, BARBARA J 1925 TIMBERLINE DRIVE NAPLES, FL 34109 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REITINGER, BARBARA J 1925 TIMBERLINE DRIVE NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TEGANO, PATRICIA A 1925 TIMBERLINE DRIVE NAPLES, FL 34109 |
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07/20/05-80009-015 150.00

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IN THIS SPACE**

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 FILING OFFICER OR DIRECTOR

7-18-05 566-3658
Date Daytime Phone #