
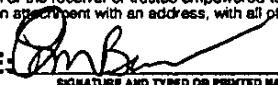


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90113 034 ***150.00
P01000113780

DOCUMENT # P01000113780			
1. Entity Name PM BARBEE HOLDINGS, INC.			
Principal Place of Business 17757 US HWY 19 NORTH 470 CLEARWATER, FL 33764		Mailing Address 17757 US HWY 19 NORTH 470 CLEARWATER, FL 33764	
2. Principal Place of Business 4377 Commercial Way		3. Mailing Address 4377 Commercial Way	
Suite, Apt. #, etc. #108		Suite, Apt. #, etc. #108	
City & State Spring Hill, FL		City & State Spring Hill, FL	
Zip 34606	Country HERN.	Zip 34606	Country HERNANDOS
4. FEI Number 03-0411148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, DEBRA K 17757 US HWY 19 NORTH 470 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name: Address Change Only Street Address (P.O. Box Number is Not Acceptable): 13225 S. Southpoint Ave City: FLORAL CITY FL Zip Code: 34436	
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 except the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DID NOT RECEIVE NOTIFICATION	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBEE, PETER M 17757 US HWY 19 NORTH CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4377 Commercial Way #108 Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 6/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-279-1844	

05 JUL 19 PM 3:09

SEC. OF STATE
TALLAHASSEE, FLORIDA

50054467



082005 Chg-P CR2E034 (10/03)