

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90184 010 \*\*\*150.00

**DOCUMENT # P02000069950**

1. Entity Name  
**BARRY POPE ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**1318 SW 2 AVE**      **1318 SW 2 AVE**  
**CAPE CORAL, FL 33991**      **CAPE CORAL, FL 33991**

**50048342**



2. Principal Place of Business      3. Mailing Address

**9011 Park Blvd.**      **9011 Park Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**201**      **Suite 201**

04212005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Seminole, FL**      **Seminole, FL**

4. FEI Number      Applied For

**48-1265158**       Not Applicable

Zip      Country      Zip      Country

**33777**      **USA**      **33777**      **USA**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POPE, BARRY R**  
**1318 SW 2 AVE**  
**CAPE CORAL, FL 33991**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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: *Barry R Pope*      DATE: **4-30-05**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	POPE, BARRY R	
STREET ADDRESS	1318 SW 2 AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, BARRY R	
STREET ADDRESS	9011 Park Blvd Suite 201	
CITY-ST-ZIP	Seminole, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Barry R Pope*      DATE: **4-30-05**      Daytime Phone #: **239 946 2353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR