


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 1318 SW 2 AVE CAPE CORAL, FL 33991			Mailing Address 1318 SW 2 AVE CAPE CORAL, FL 33991		
2. Principal Place of Business 9011 Park Blvd. Suite, Apt. #, etc. 201 Seminole, FL Zip 33777 Country USA			3. Mailing Address 9011 Park Blvd Suite, Apt. #, etc. Suite 201 Seminole, FL Zip 33777 Country USA		
4. FEI Number 48-1265158				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212005 Chg-P CR2E034 (10/03)	
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: <u><i>Barry R Pope</i></u> DATE: <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPE, BARRY R 1318 SW 2 AVE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pope, Barry R 9011 Park Blvd Suite 201 Seminole, FL 33777
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: <u><i>Barry R Pope</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-30-05</u> Daytime Phone #: <u>239 946 2353</u>		

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