

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90363 004 ***150.00

DOCUMENT # P02000083555

1. Entity Name
LISA PETERSON-BARRETT, INC.



Principal Place of Business
**3209 - B SPANISH WELLS DRIVE
DELRAY BEACH, FL 33445**

Mailing Address
**3209 - B SPANISH WELLS DRIVE
DELRAY BEACH, FL 33445**

50041364

2. Principal Place of Business
correct as above

3. Mailing Address
correct as above

Suite, Apt. #, etc.

City & State

Zip Country



03302005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3863005

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PETERSON-BARRETT, LISA
4770 ORCHARD LANE
DELRAY BEACH, FL 33445~~

7. Name and Address of New Registered Agent

Name *Lisa Peterson-Barrett*

Street Address (P.O. Box Number is Not Acceptable)
3209-B Spanish Wells Drive

City *Delray Beach* FL Zip Code *33445*

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 *LB Peterson-Barrett* *LB PETERSON-BARRETT* *4-17-05*

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PO PETERSON-BARRETT, LISA 3209 - B SPANISH WELLS DRIVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *LB Peterson-Barrett* *LB PETERSON-BARRETT* *4-17-05* *561-498-4169*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #