


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90290 020 \*\*\*150.00

DOCUMENT # P03000086558			
1. Entity Name BARBARA LYNNE, INC.			
Principal Place of Business 5243 SYCAMORE DRIVE NAPLES, FL 34119		Mailing Address 5243 SYCAMORE DRIVE NAPLES, FL 34119	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0586447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKMAN, RICHARD D ESQ 307 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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: _____ (NOTE: Registered Agent signature required when rechartering) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		P/D	
		BARBARA HIRST	
		5243 SYCAMORE DR	
		NAPLES FL 34119	
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: <i>Barbara Hirst</i>		Date: 3/31/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
BARBARA HIRST, PRES.			

44027481



03302004 Chg-P CR2E034 (10/03)

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05-0586447

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SPARKMAN, RICHARD D ESQ  
307 AIRPORT PULLING ROAD NORTH  
NAPLES, FL 34104

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Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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		BARBARA HIRST	
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BARBARA HIRST, PRES.