


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 048 ***150.00

DOCUMENT # P03000139045					
1. Entity Name BAR'S PLUS, INC.					
Principal Place of Business 2115 KENNEN DRIVE VALRICO, FL 33594			Mailing Address 2115 KENNEN DRIVE VALRICO, FL 33594		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05122006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-0704509				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			7. Name and Address of New Registered Agent		
WHITT, DEBBIE S 2115 KENNEN DRIVE VALRICO, FL 33594			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00. Due by September 6, 2006		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	PSTD WHITT, DEBBIE S 2115 KENNEN DRIVE VALRICO, FL 33594 <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	D WHITT, PRESTON T III 2115 KENNEN DRIVE VALRICO, FL 33594 <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 exemptions contained in Chapter 119, 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>Debbie S. Whitt</i>			5-21-06 813-681-4163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT
200704509
Division of Corporations

Annual Report

Annual Report Help

~~Document Number~~P03000139045

Business Entity Name

BAR'S PLUS, INC.

FEI Number	200704509			
FEI Number Status	Listed Above	Applied For	Not	
	Applicable			
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

Principal Place of Business

Address 2115 KENNEN DRIVE
Suite, Apt. #, etc.
City, State VALRICO, FL
Zip Code & Country 33594

Mailing Address

Address 2115 KENNEN DRIVE
Suite, Apt. #, etc.
City, State VALRICO, FL
Zip Code & Country 33594

Name and Address of Registered Agent

Name (Last, First, Middle, Title) WHITT, DEBBIE, S,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2115 KENNEN DRIVE

Suite, Apt. #, etc.

City, State VALRICO, FL

Zip Code & Country

ATTACHMENT

33594

US

26046363
#P03000139045

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature*Debbie S. Whitt*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PSTD
Name (Last, First, Middle, Title)	WHITT, DEBBIE, S,

- OR -

Entity Name to serve as
Officer/Director

Street Address	2115 KENNEN DRIVE
City, State	VALRICO, FL
Zip Code & Country	33594

Title	D
Name (Last, First, Middle, Title)	WHITT, PRESTON, T, III

- OR -

Entity Name to serve as
Officer/Director

Street Address	2115 KENNEN DRIVE
City, State	VALRICO, FL
Zip Code & Country	33594

Title	
Name (Last, First, Middle, Title)	, , ,

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- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an

ATTACHMENT

20046363
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entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature

Debbi S. Whitt

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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