

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90013 028 ***150.00

DOCUMENT # P03000154117

1. Entity Name
DAVID E. LABARE JR. INC.



Principal Place of Business
**1954 CAROLINA AVE
ORMOND BCH, FL 32174**

Mailing Address
**1954 CAROLINA AVE
ORMOND BCH, FL 32174**

2. Principal Place of Business
3663 CONIFER LANE
Suite, Apt. #, etc.

3. Mailing Address
3663 CONIFER LANE
Suite, Apt. #, etc.



07012005 Chg-P CR2E034 (10/03)

City & State
ORMOND BEACH, FL
Zip
32174

City & State
ORMOND BEACH, FL
Zip
32174

4. FEI Number
36-4546954

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LABARE, DAVID E JR *David*
1954 CAROLINA AVE
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3663 CONIFER LANE
City **ORMOND BEACH** **FL** Zip Code **32174**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARE, DAVID E JR. 1954 CAROLINA AVE ORMOND BCH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3663 CONIFER LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *David E. Labare Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

ATTACHMENT

POB000154117

20063173

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

July 1, 2005

To Whom It May Concern:

Enclosed please find a copy of the downloaded form along with a check for \$150 payable to Florida Department of State. We relocated recently and did not receive the postcard from your office with the renewal information. Please remove the additional penalty from this account and update your system with our correct address.

Thank you



David E. LaBare Jr.
President