


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
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2. Principal Place of Business 3663 CONIFER LANE Suite, Apt. #, etc.	3. Mailing Address 3663 CONIFER LANE Suite, Apt. #, etc.
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City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Country
Country	Zip 32174
Country	Country



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4546954	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 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LABARE, DAVID E JR. 1954 CAROLINA AVE ORMOND BCH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3663 CONIFER LANE ORMOND BEACH, FL 32174
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
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 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
POB 600154117
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