

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90500 011 \*\*\*150.00

**DOCUMENT # P04000010912**

1. Entity Name  
**BARBARA DUREN, P.A.**



Principal Place of Business  
**9136 GULF SHORE DRIVE  
NAPLES, FL 34108 US**

Mailing Address  
**9136 GULF SHORE DRIVE  
NAPLES, FL 34108 US**

**20053911**



2. Principal Place of Business  
**4621 7th Avenue SW**

3. Mailing Address  
**4621 7th Avenue SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-0674154**

Applied For  
☐ Not Applicable

Zip  
**34119**

Country

Zip  
**34119**

Country

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

**6. Name and Address of Current Registered Agent**

**DUREN, BARBARA  
9136 GULF SHORE DRIVE  
NAPLES, FL 34108**

**7. Name and Address of New Registered Agent**

Name  
**Duren, Barbara**  
Street Address (P.O. Box Number is Not Acceptable)  
**4621 7th Avenue SW**

City  
**Naples** **FL** Zip Code  
**34119**

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

*Barbara Duren Pres*

*4/27/05*

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>DUREN, BARBARA</b>	
STREET ADDRESS	<b>9136 GULF SHORE DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Duren, Barbara</b>	
STREET ADDRESS	<b>4621 7th Avenue SW</b>	
CITY-ST-ZIP	<b>Naples, FL 34119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Barbara Duren Pres.*

*4/27/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #