

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90157 001 \*\*\*150.00

**DOCUMENT # P04000010912**

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



Principal Place of Business  
**4621 7TH AVE SW  
NAPLES, FL 34119 US**

Mailing Address  
**4621 7TH AVE SW  
NAPLES, FL 34119 US**

2. Principal Place of Business  
**6221 Cedar Tree Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**6221 Cedar Tree Ln**  
Suite, Apt. #, etc.



01272006 Chg-P CR2E034 (11/05)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-0674154**

Applied For  
Not Applicable

Zip  
**34116-5411**

Country  
**US**

Zip  
**34116-5411**

Country  
**US**

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

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

**DUREN, BARBARA  
4621 7TH AVE SW  
NAPLES, FL 34119**

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

Name  
**Barbara Duren**  
Street Address (P.O. Box Number is Not Acceptable)  
**6221 Cedar Tree Ln**  
City  
**Naples** **FL** Zip Code  
**34116-5411**

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* **BARBARA DUREN PRES**

**2/10/06**

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, 2006 Fee will be \$550.00**

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  
**P  
DUREN, BARBARA  
4621 7TH AVE SW  
NAPLES, FL 34119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
Barbara Duren  
6221 Cedar Tree Ln  
Naples, FL 34116-5411** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

*Barbara Duren* **BARBARA DUREN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/06 239404-1954**  
Date Daytime Phone #