



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90083 013 \*\*\*150.00

<b>DOCUMENT # P04000011316</b> 1. Entity Name <b>BARBARA D RIES, PA.</b>					
Principal Place of Business <b>2620 56TH ST S GULFPORT, FL 33707</b>			Mailing Address <b>2620 56TH ST S GULFPORT, FL 33707</b>		
2. Principal Place of Business <b>10265 Ulmerton Rd.</b>		3. Mailing Address <b>10265 Ulmerton Rd.</b>		 04112005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. <b>#53</b>		Suite, Apt. #, etc. <b>#53</b>			
City & State <b>Largo FL</b>		City & State <b>Largo, FL</b>			
Zip <b>33771</b>		Zip <b>33771</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-0613206</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVID C HASTINGS, CPA, PA 2207 54TH ST S GULFPORT, FL 33707-US</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PS</b>	NAME <b>RIES, BARBARA D</b>		TITLE <b>PS</b>	NAME <b>Ries, Barbara D.</b>	
STREET ADDRESS <b>2620 56TH ST S</b>	CITY-ST-ZIP <b>GULFPORT, FL 33707</b>		STREET ADDRESS <b>10265 Ulmerton Rd. #53</b>	CITY-ST-ZIP <b>Largo, FL 33771</b>	
TITLE <b>D</b>	NAME <b>RIES, BARBARA D</b>		TITLE <b>D</b>	NAME <b>Ries, Barbara D.</b>	
STREET ADDRESS <b>2620 56TH ST S</b>	CITY-ST-ZIP <b>GULFPORT, FL 33707</b>		STREET ADDRESS <b>10265 Ulmerton Rd. #53</b>	CITY-ST-ZIP <b>Largo, FL 33771</b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
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: <u>Barbara D. Ries</u> <b>Barbara D. Ries</b>			Date <b>4-11-05</b>		Daytime Phone # <b>518-2342</b>