

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000023516

1. Entity Name
BARRY STINSON, INC.



Principal Place of Business
**190 MATANZAS ST.
FT. MYERS BEACH, FL 33931**

Mailing Address
**190 MATANZAS ST.
FT. MYERS BEACH, FL 33931**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0916328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PITTMAN, LARRY
6051 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

7. 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 OF ENTITY OR REGISTERED AGENT REQUIRED FOR ALL REGISTRATIONS)

(IF THE REGISTERED AGENT SIGNATURE IS REQUIRED, MAKE INDENTED)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000488521
04/17/06-80010-008 150.00**

19. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STINSON, BARRY
190 MATANZAS ST.
FT. MYERS BEACH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Barry Stinson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Registered Phone