

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 036 ***150.00

DOCUMENT # P04000044038

1. Entity Name
BARBARA & COMPANY INTERNATIONAL, INC.



Principal Place of Business
6055 PINNACLE LN UNIT 904
NAPLES, FL 34110

Mailing Address
6055 PINNACLE LN UNIT 904
NAPLES, FL 34110

40055100



03232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

735 Bentwater Circle

Suite, Apt. #, etc.
#204

City & State
Naples FL

Zip
34108

Country
USA

3. Mailing Address

735 Bentwater Circle

Suite, Apt. #, etc.
#204

City & State
Naples FL

Zip
34108

Country
USA

4. FEI Number
90-0151206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, BARBARA
6055 PINNACLE LN UNIT 904
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 S. Miller* Barbara S. Miller

4/18/06

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
MILLER, BARBARA
6055 PINNACLE LN UNIT 904
NAPLES, FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Miller ☒ Change ☐ Addition
735 Bentwater Circle #204
Naples FL 34108

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

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

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☐ Change ☐ Addition

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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 S. Miller Barbara S. Miller

Date

Daytime Phone #

4/18/06 239-253-2579