


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90001 011 ***150.00

DOCUMENT # P04000139875

1. Entity Name
R BAR OF PASCO, INC.



Principal Place of Business
**12214 KITTEN TRAIL
 HUDSON FL 34669**

Mailing Address
**27 EAST ORANGE STREET
 TARPON SPRINGS FL 34689**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
12214 KITTEN TRAIL
 Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State
HUDSON, FL

Zip
34669

Country



1st MOORE CR2E034 (10/04)

4. FEI Number
20-1749492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KLIMIS, GEORGE N
 12214 KITTEN TRAIL
 HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name
HEIBECK, JR., RICHARD L.

Street Address (P.O. Box Number is Not Acceptable)
12214 KITTEN TRAIL

City
HUDSON

State
FL

Zip Code
34669

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: *Richard L. Heibek* (NOTE: Registered Agent signature required when reinstating)

DATE: **x 3-28-05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEIBECK, RICHARD L JR	
STREET ADDRESS	12214 KITTEN TRAIL	
CITY-ST-ZIP	HUDSON FL 34669	
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	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIBECK, JR., RICHARD L.	
STREET ADDRESS	12214 KITTEN TRAIL	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESGRO, LINDA	
STREET ADDRESS	1778 BIARRITZ CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, SHEILA	
STREET ADDRESS	12214 KITTEN TRAIL	
CITY-ST-ZIP	HUDSON, FL 34669	
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: *Richard L. Heibek* RICHARD L. HEIBECK, JR. x 3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #