## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P05000112488** 



**FILED** Apr 24, 2006 8:00 am Secretary of State

1. Entity Name BARROWS ENTERPRISES, INC.						04-24-2006 90410 013 ***150.00					
· · · · · · · · · · · · · · · · · · ·			Mailing Address			]					
			1225 MONTEGO BAY DR N MERRITT ISLAND, FL 32953			1 1000 (1000) (411		<b>21 222) 11212 1121</b>	<b></b>	771891 II 1281	
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01302006	Chg-P	CR2E03	4 (11/05)			
			City & State	City & State		4. FEI Number 2033	315516			oplied For ot Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of	f Status Desired		8.75 Add ee Require		
6. Name and Address of Current Regis			Registered Agent	istered Agent Name			7. Name and Address of New Registered Agent				
FOWLER, BRINK & MOSES, P.A. 25 MCLEOD ST					Street Address (P.O. Box Number is Not Acceptable)						
MERRITT		FL 32953									
:					City			FL	Zip Cod	e	
	named entity tions of regist		the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	: Registered	d Agent signature required	d when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.						.00 May Be led to Fees					
10.	15	OFFICERS AND I	·	11.	1	ADDITIONS/C	HANGES TO OFF				
TITLE NAME	D BARROW	S, RICHARD G	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1225 MON	NTEGO BAY DR N ISLAND, FL 32953			ET ADDRESS						
TITLE	D			CITY-						i	
NAME		•	☐ Delete	CETY-	-ST-ZIP				Change	☐ Addition	
STREET ADDRESS		'S, PAULA J	☐ Delete	TITLE NAME	-ST-ZIP : E			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1225 MON	•	□ Delete	TITLE NAME STREE	-ST-ZIP				Change	☐ Addition	
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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.