## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AM Secretary of State

DOCUMENT # P05000119251  1. Entity Name WILLIAM BARLOW ENTERPRISES, INC.						Secre	etary	oi St	ate
Principal Place of Business 4064 SHERIDAN DRIVE PACE, FL 32571		Mailing Address 4064 SHERIDAN DRIVE PACE, FL 32571							
2. Principal Place of Business		3. Mailing Addrass							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172006	Chg-P	CR2E0	34 (11/05)	}
City & State		City & State			4. FEI Numbe	er	<del></del>		pplied For lot Applicable
Zip	Country	Zlp	Zip Count		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	iditional
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New F	legistered /	gent	
BARLOW, WILLIAM E 4064 SHERIDAN DRIVE PACE, FL 32571					P.O. Box Numb	er is Not Acceptable	ə)		
PACE, FL	325/1								
				City			FL	Zip Coo	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. I em (	emiliar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. PNO	TE Registered	Agent signature required	when reinstating)		DATE		<del></del> -
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550	8. Election Camp Trust Fund Cor			.00 May Be ed to Fees				
10.		O DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		
RITLE NAME	PST BARLOW, WILLIAM E	☐ Delete	JJJLE NAME					☐ Change	☐ Addillen
STREET AODRESS CITY-ST-ZIF	4064 SHERIDAN DRIVE PACE, FL 32571		9	ET ADDRESS }		U00000	528269		
TITLE		☐ Oclete	TIFLE	<del></del>		05/05/06~	<del>80030</del> -1	118, 15 Change	O O Addition
NAME STREET ADDRESS CITY-ST-20P			•	ET ADORESS ST-ZIP					
गार		☐ Deleta	AIM				<del></del> -	Change	Addition
NAME STREET ADDRESS			name Stree	ET ADDRESS					
CITY-ST-ZIP		☐ Delete		ST-ZIP			<del></del>	[] (hann)	CT Addition
NAME		C Delete	NAME					Change	☐ Addition
STREET ADDRESS CHTY-ST-ZIP		<del></del>	•	SZEROGA TE		<del></del>			<del>-</del>
NAME		☐ Defete	ssile Name	1				☐ Chango	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	T ADORESS S1-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	l l	<u>-</u> -			☐ Change	☐ Addition
STREET ADDRESS GITY-ST-ZIP			STREE	T ADORESS SI-2IP					
12. ( hereby of indicated of the corp changed,	perify that the information supplied with on this report or supplemental report or trustee empty or an attachment with an address	th this filing does not qualify f is true and accurate and that powered to execute this repor , with all other like empowered	for the exe my signatu t as require	mptions contained ure shall have the s ed by Chapter 607	in Chapter 119 same legal effec , Florida Statute	Florida Statutes. I t as if made under on s; and that my name	further certing that I are appears in	ly that the in in an officer Block 10 o	ntermation or director r Block 11 if
SIGNATURE: MULLING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DE DE DE STONE PROPERTOR DIRECTOR DE									5-1109