

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90011 029 ***150.00

DOCUMENT # P12005

1. Entity Name

LARRY BAUER AND ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 1749
DUNDEE FL 33838

Mailing Address

P.O. BOX 1749
DUNDEE FL 33838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-0946074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANCINI, BARBARA J
5 LEFE COURT
HAINES CITY FL 33844

*same
changed
changed*

*Address change
only*

Name

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

1660 Blue Heron Lane

Lakeland

City

FL

Zip Code

33813

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BAUER, LARRY E.
STREET ADDRESS 5 LEFE COURT
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VD ☐ Delete
NAME BAUER, ALAN E.
STREET ADDRESS 12 CARDINAL LANE
CITY-ST-ZIP STATEN ISLAND NY 10306

TITLE SD ☐ Delete
NAME BAUER, MICHAEL W.
STREET ADDRESS 195 OAK GROVE DR
CITY-ST-ZIP BYHALIA MS 38611

TITLE TD ☒ Delete
NAME MANCINI, BARBARA T
STREET ADDRESS 5 LEFE COURT
CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *2234 Burnway Rd*
CITY-ST-ZIP *Haines City FL 33838*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *7 mcArthur Blvd N. 706*
CITY-ST-ZIP *West mount NJ 08108*

TITLE ☐ Change ☒ ~~Addition~~
NAME
STREET ADDRESS *No change*
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-05

Date

225-252-3771

Daytime Phone #