


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90035 042 ***150.00

DOCUMENT # P93000031462					
1. Entity Name BAR SYSTEMS, INC.					
Principal Place of Business 9735 PHILIPS HWY 6 JACKSONVILLE FL 32257 US			Mailing Address 9735 OLD ST AUGUSTINE RD STE 6 JACKSONVILLE FL 32257 US		
2. Principal Place of Business - No P.O. Box # <i>9735 Old St. Augustine Rd</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>6</i>			Suite, Apt. #, etc.		
City & State <i>Jax, FL</i>			City & State		
Zip <i>32257</i>	Country <i>USA</i>	Zip	Country	4. FEI Number 59-3183792	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, DAVID L ESQ 1919 FARRAGUT PL JACKSONVILLE FL 32207				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REEVES, DAVID 10340 NAKEMA DR W JACKSONVILLE FL 32257		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David F. Reeves* **David F. Reeves** *4/4/07* *262-2412*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #