


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 028 ***150.00

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| DOCUMENT # P94000092684 | |  |
| 1. Entity Name CYNTHIA S. BARRY, P.A. | | |

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| Principal Place of Business 2615 RIVERVIEW BLVD. BRADENTON, FL 34205 US | Mailing Address 2615 RIVERVIEW BLVD. BRADENTON, FL 34205 US |
|---|---|

20055823



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| 2. Principal Place of Business 21850 State Rd 64 East Suite, Apt. #, etc. | 3. Mailing Address 21850 State Rd 64 East Suite, Apt. #, etc. |
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04292005 Chg-P CR2E034 (10/03)

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| City & State Bradenton, FL | City & State Bradenton, FL |
| Zip 34212 | Zip 34212 |
| Country USA | Country USA |

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0546786 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

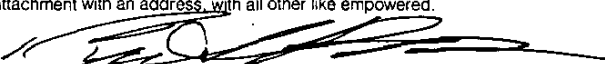
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BARRY, CYNTHIA S. 2615 RIVERVIEW BLVD. BRADENTON, FL 34205 | | 7. Name and Address of New Registered Agent Name BARRY, Cynthia S. Street Address (P.O. Box Number is Not Acceptable) 21850 State Rd 64 East City Bradenton FL Zip Code 34212 | |
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| 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  | DATE 4/29/05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | <input type="checkbox"/> Delete | TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BARRY, CYNTHIA S. | | NAME BARRY, Cynthia | |
| STREET ADDRESS 2615 RIVERVIEW BLVD. | | STREET ADDRESS 21850 State Rd 64 East | |
| CITY-ST-ZIP BRADENTON, FL 34205 | | CITY-ST-ZIP BRADENTON, FL 34212 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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| 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:  | DATE 4/29/05 941-322-9800 |