

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 025 ***150.00

DOCUMENT # P95000055624

1. Entity Name
BARBARA'S PERSONAL SERVICES, INC.



Principal Place of Business
**152 8TH AVENUE SW
SUITE 2A
LARGO, FL 33770-3613 US**

Mailing Address
**152 8TH AVENUE SW
SUITE 2A
LARGO, FL 34640-3613**

50055504



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3328388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, BARBARA S
152 8TH AVENUE SW
SUITE 2A
LARGO, FL 33770**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HICKS, BARBARA S
152 8TH AVENUE SW, SUITE 2A
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HICKS, LAND D
152 8TH AVE SW, SUITE 2A
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HICKS, CHRISTIAN D
152 8TH AVE SW, SUITE 2A
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

JULY 12, 2005 727/559-8505

Date

Daytime Phone

ATTACHMENT

50055504

BARBARA'S PERSONAL SERVICES, INC.

SUITE 2A

152 8th AVENUE SW

LARGO, FLORIDA 33770-3613 (USA)

FEIN # 59-3328388

TELEPHONE 727/ 559-8505

FACSIMILE

585-9184

TAX PREPARATION
NOTARY & SECRETARIAL SERVICES

July 12, 2005

Dept. of State
Div. Corps
PO Box 6198
Tallahassee, FL 32314

Document # P95000055624

Dear Sir or Madam:

This corporation was filed in March 2005. We have received notice of intent to dissolve as there is no record on file. We have filed in a timely manner for the past 10 years and feel our annual filing has been misplaced. We request the late fee be waived; obviously an error exists. Thank you.

Sincerely,



B. Hicks

COPY: BPS file