

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

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



04242007 No Chg-P CR2E034 (11/05)

**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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

U000000734204  
05/09/07-80118-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: B Hicks DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24, 2007 727.559-8505

Date

Daytime Phone #