


2007 FOR PROFIT CORPORATION ANNUAL REPORT

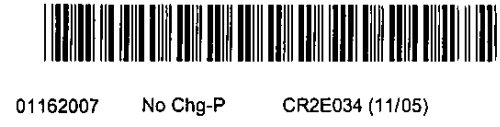
FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000007506
 1. Entity Name
CAROLE JOY BARICE, P.A.



Principal Place of Business Mailing Address
 216 WEST SABAL PALM PLACE 216 WEST SABAL PALM PLACE
 LONGWOOD, FL 32779 LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE



4. FEI Number Applied For
59-3383311 Not Applicable

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

6. Name and Address of Current Registered Agent

BARICE, CAROLE JOY
 216 WEST SABAL PALM PLACE
 LONGWOOD, FL 32779

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PST BARICE, CAROLE JOY 216 WEST SABAL PALM PLACE LONGWOOD, FL 32779
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100000530010
 01/18/07-80039-024 150.00

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: *Carole Joy Barice* **CAROLE JOY BARICE** 01/10/07 (407) 399-1583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #