## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000008388

ROBINSON, RICHARD F

11544 FORESTMERE DR.

BONITA SPRINGS, FL 34135

Name:

Address:

City-St-Zip:

FILED Jan 31, 2005 Secretary of State

Entity Name: B.A.R. ENTERPRISES OF NAPLES, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5400 YAHL NAPLES, F					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5400 YAHL NAPLES, F					
FEI Number:	65-0642364	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
FELDEN, CHRISTIAN B 2590 GOLDEN GATE PARKWAY SUITE 101 NAPLES, FL 33942 US			SUITE 101	5801 PELICAN BAY BLVD.	
The above in the State		y submits this statement for the po	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: DANIEL PECK				01/31/2005	
	Electr	onic Signature of Registered Age	nt	Date	
Election Carr	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ROBINSON, 452 PALM VI NAPLES, FL	EW DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROBINSON, 27461 COUN	( ) Delete BARBARA ITRY CLUB DRIVE IINGS, FL 33923	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP	(X) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CRAIG ROBINSON Ρ 01/31/2005