2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# P96000008388

Entity Name: B.A.R. ENTERPRISES OF NAPLES, INC.

Current Principal Place of Business:

5400 YAHL STREET
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5400 YAHL STREET
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0642364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECK, DANIEL
5801 PELICAN BAY BLVD.
SUITE 101
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBINSON, CRAIG E
Address: 452 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete
Name: ROBINSON, GINGER LEA
Address: 452 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: ROBINSON, BARBARA
Address: 27461 COUNTRY CLUB DRIVE
City-St-Zip: BONITA SPRINGS, FL 33923

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: ROBINSON, SONNET N TREASUR
Address: 452 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CRAIG ROBINSON PRES 02/04/2008

Electronic Signature of Signing Officer or Director — Date