


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90025 002 ***150.00

DOCUMENT # PA7 000094946

1. Entity Name Barrier Island Holding Co. Ltd
(Barrier Island Pharmacy)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1456 Periwinkle Way
Suite, Apt. #, etc. A
City & State Sanibel FL
Zip 33957 Country Lee

3. Mailing Address
(Same)
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0791773

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Kay F. Sutton
Street Address 2350 West First St. #604
City Ft. Myers State FL Zip Code 33901

**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 Kay Sutton (Kay Sutton, President) Date 1-23-06

Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	<u>President - T-S</u> <u>Kay F. Sutton</u> <u>2350 West First St. #604</u> <u>Ft. Myers, FL 33901</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other the empowered.

SIGNATURE: Kay Sutton (Kay Sutton, President) 239-823-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #