2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90233 003 ***150.00

DOCUMENT # P98000064867 1. Enlity Name X-BAR, INC.						02-28-2005	90233 00)3 ***150	0.00
Principal Place of Business 120 DETJENS DAIRY RD. VENUS, FL 33960		Mailing Address 120 DETJENS DAIRY RD. VENUS, FL 33960			() () () () () () () () () ()		5002(1881	16 1 (1 1 67)
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 65-0852553			Applied For Not Applicable	
Zip	Country Zip		Country		5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Curren	t Registered Agent	stered Agent		7. Name and	Address of New F	legistered /	Agent	
OXER, RO				ess (P.O. Box Numb	er is Not Acceptable	e)			
VENUS, FI									
				City			FL	Zip Code)
	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age				gistered agent, or bo	th, in the State of Fl	orida. i am DATE	familiar with, a	and accept
TT FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees			_	
10.	OFFICERS AN	D DIRECTORS St Delete	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS Change	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	OXER, ROBERT BRADEN S R P.O. BOX 626 LAKE PLACID, FL 33862		NAMI STRE					Change	Accident
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OXER, MARIA P.O. BOX 626 LAKE PLACID, FL 33862	⅓ Delete		E ET ADDRESS -ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DPT BRADEN; ROBERT O JR 120 DETJENS DAIRY RD. VENUS, FL 33960	☐ Delete		ξ '[-(DPVPST/"/" Dxer, Jr., 120 Detjens Venus, FL 3		•	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Delete						☐ Change	☐ Addition
hetsoibni	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee err or on an attachment with an address	is true and accurate and that	my signat t as requi t.	ture shall have red by Chapte	e the same legal effec er 607, Florida Statute	ct as if made under es; and that my nan	oath; that lane appears i	am an officer	or director
SIGNAT	URE: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER	COR DIRECT	Drade	n Dxe/	Z-25-0	5	Daytime Phone #	