

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000020440

1. Entity Name
BARBARA ANSON REALTY, INC.



Principal Place of Business
37230 GLENWOOD
MYAKKA CITY, FL 34251

Mailing Address
PO BOX 277
MYAKKA CITY, FL 34251

DO NOT WRITE IN THIS SPACE



02022004 No Orig-P' CR2E034 (10/03)

4. FEI Number
65-0905780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANSON, BARBARA
40451 STATE ROAD 70 EAST
MYAKKA CITY, FL 34251

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000040069
02/09/04-80032-021 150.00

10. OFFICERS AND DIRECTORS

TITLE: **SPD**
NAME: **ANSON, BARBARA**
STREET ADDRESS: **40451 STATE ROAD 70 EAST**
CITY-ST-ZIP: **MYAKKA CITY, FL 34251**

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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)(f), 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: Barbara Anson Barbara Anson 2/4/04 941-322-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #