

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000071301

1. Entity Name  
ALIBAR, INC.



Principal Place of Business  
1125 DUVAL STREET  
KEY WEST, FL 33040

Mailing Address  
3347 FLAGLER AVE  
KEY WEST, FL 33040



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0939634

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HOFFORD, BARTON T  
3347 FLAGLER AVE  
KEY WEST, FL 33040

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WEINGARTEN, ALICE  
STREET ADDRESS 3930 S. ROOSEVELT BLVD., #N401  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VP  
NAME HOFFORD, BARTON T  
STREET ADDRESS 3347 FLAGLER AVE  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

000000249482  
02/03/05-20004-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTON T. HOFFORD

2/28/05

Date

305 292 2092

Daytime Phone #