

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90076 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S31503</b><br><b>1. Entity Name</b><br>BARRY MEARS AUTO SALVAGE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>778 ANCLOTE RD.<br>TARPON SPGS, FL 34689 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                           | <b>Mailing Address</b><br>P.O. BOX 2436<br>CLEARWATER, FL 33757 US                                                                                |                                                                                                                                                                         |  |
| <b>2. Principal Place of Business</b><br>P.O. Box 2436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | <b>3. Mailing Address</b> |                                                                                                                                                   |                                                                                                                                                                         |  |
| Suba, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Suba, Apt. #, etc.        |                                                                                                                                                   |                                                                                                                                                                         |  |
| <b>City &amp; State</b><br>Clearwater, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>City &amp; State</b>   |                                                                                                                                                   | <b>4. FEI Number</b><br>59-3052552                                                                                                                                      |  |
| <b>Zip</b><br>33757                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | <b>Country</b><br>USA     |                                                                                                                                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WARD, R. CARLTON<br>1253 PARK STREET<br>CLEARWATER, FL 33756                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                           |                                                                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                      |                                                                                                                                                                         |  |
| <b>TITLE</b><br>PDT<br><b>NAME</b><br>MEARS, BARRY L.<br><b>STREET ADDRESS</b><br>150 BAYSIDE DRIVE<br><b>CITY-ST-ZIP</b><br>CLEARWATER BEACH, FL 33767                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete |                           | <b>TITLE</b><br>PDT<br><b>NAME</b><br>Mears, Barry L.<br><b>STREET ADDRESS</b><br>407 Roebling Rd. S.<br><b>CITY-ST-ZIP</b><br>Belleair, FL 33756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>MEARS, CAROL M.<br><b>STREET ADDRESS</b><br>150 BAYSIDE DR.<br><b>CITY-ST-ZIP</b><br>CLEARWATER BEACH, FL 33767                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete |                           | <b>TITLE</b><br>S<br><b>NAME</b><br>Mears, Carol M.<br><b>STREET ADDRESS</b><br>407 Roebling Rd. S.<br><b>CITY-ST-ZIP</b><br>Belleair, FL 33756   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.</b> |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Barry L. Mears</i> <b>BARRY L. MEARS</b> <i>4/13/05</i> <b>727-446-5289</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                           |                                                                                                                                                   |                                                                                                                                                                         |  |