2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #V33802 02-20-2007 90044 044 ***150.00 1. Entity Name BARY ENTERPRISES OF AVON PARK INC. Principal Place of Business Mailing Address 4008110. 2460 STATE ROAD 17 S. 2460 STATE ROAD 17 S. AVON PARK, FL 33825-9641 AVON PARK, FL 33825-9641 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02062007 Chg-P City & State City & State 4. FEI Number Applied For 59-3126146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEAGER, RICHARD L'JR Street Address (P.O. Box Number is Not Acceptable) 2460 STATE ROAD 17 S. AVON PARK, FL 33825-9641 City Zip Code 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 egistered agent. Lichard SIGNATURE ed egent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE □ Delete TITLE Change Addition Richard L. Yeager, JR 4500 County Rd 64 E YEAGER, RICHARD L JR NAME NAME STREET ADDRESS 2812 NEWTON RD STREET ADDRESS Avon PACK, F1 33825 AVON PARK, FL CITY-ST-ZIP CITY-S1-ZIP Delete ☐ Change TITLE **Addition** TITLE Ann m yeager AMES, BETTY NAME NAME 4500 county Rd 64 EAST STREET ADDRESS 3109 BELAIRE CT STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP SEBRING, FL CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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.

FILED

Feb 20, 2007 8:00 am