

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90038 048 ***150.00

DOCUMENT # P00000103229 1. Entity Name BAARS REALTY, INC.					
Principal Place of Business 221 S BAYLEN ST PENSACOLA, FL 32501			Mailing Address 221 S BAYLEN ST PENSACOLA, FL 32501		
2. Principal Place of Business - No P.O. Box # 4475 Bayou Blvd.		3. Mailing Address 4475 Bayou Blvd.		 02012007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL			
Zip 32503	Country USA	Zip 32503	Country USA		
4. FEI Number 59-3717107				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BAARS, THEO D JR 221 S BAYLEN ST PENSACOLA, FL 32501	
7. Name and Address of New Registered Agent Name Theo D. Baars, Jr. Street Address (P.O. Box Number is Not Acceptable) 4475 Bayou Blvd. City Pensacola FL Zip Code 32503				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: <u><i>Theo D. Baars, Jr.</i></u> Theo D. Baars, Jr. Director 3/13/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE D ☐ Delete NAME BAARS, THEO D JR STREET ADDRESS 221 S BAYLEN ST CITY-ST-ZIP PENSACOLA, FL 32501		TITLE VP ☐ Delete NAME BAARS, THEO D III STREET ADDRESS 221 S BAYLEN ST CITY-ST-ZIP PENSACOLA, FL 32501		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP ☒ Delete NAME BAARS, BRYAN STREET ADDRESS 221 S BAYLEN ST CITY-ST-ZIP PENSACOLA, FL 32501		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 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: <u><i>Theo D. Baars, Jr.</i></u> Theo D. Baars, Jr. 3/13/07 850-332-9944 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					