

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Dated 1/18/06
FILED

Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000071713

1. Entity Name
LABAR, INC.



Principal Place of Business
**2231 WHITFIELD PORK AVE
SARASOTA, FL 34243**

Mailing Address
**2231 WHITFIELD PORK AVE
SARASOTA, FL 34243**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number **83-0367428** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209**

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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **PIOTROWICZ, GERALD**
STREET ADDRESS **11203 LONGWOOD CRT.**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **S**
NAME **PIOTROWICZ, BARBARA**
STREET ADDRESS **11203 LONGWOOD CT**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UN0000330274
01/23/06-80022-001 150.00

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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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____