

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214387

FILED
Apr 21, 2004
Secretary of State

Entity Name: RED BARN, INC.

Current Principal Place of Business:

6150 NEW TAMPA HIGHWAY
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

6150 NEW TAMPA HIGHWAY
LAKELAND, FL 33815 US

New Mailing Address:

FEI Number: 59-0858313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHARLES DAVID
2615 AIRPORT RD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CHARLES DAVID
Address: 2615 AIRPORT ROAD
City-St-Zip: LAKELAND, FL 33811

Title: VP () Delete
Name: JONES, SHIRLEY ANN,
Address: 103 CAPRI COURT SOUTH
City-St-Zip: PLANT CITY, FL 33567

Title: S () Delete
Name: LACY, FAY MARGARET
Address: 2507 SOUTH GOLF VIEW DR
City-St-Zip: PLANT CITY, FL 33567

Title: T () Delete
Name: JONES, REBECCA W
Address: 2615 AIRPORT ROAD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, CHARLES D
Address: 2615 AIRPORT ROAD
City-St-Zip: LAKELAND, FL 33811

Title: VP (X) Change () Addition
Name: JONES, SHIRLEY A
Address: 103 CAPRI COURT SOUTH
City-St-Zip: PLANT CITY, FL 33567

Title: S (X) Change () Addition
Name: LACY, FAY M
Address: 2507 SOUTH GOLF VIEW DR
City-St-Zip: PLANT CITY, FL 33567

Title: T (X) Change () Addition
Name: JONES, REBECCA W
Address: 2615 AIRPORT ROAD
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONES CHARLES D

P

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date