2008 FOR PROFIT CORPORATION

FILED Jul 14, 2008 8:00 am Secretary of State

ANNUAL REPORT	/ [
DOCUMENT # 346446	

	AIIIIOAL	KLFOKI				SCCI CLA	ուջ ու թա	aic	
1. Entity Nam	MENT # 346446 PY BARN, INC.					07-14-2008	90026 018 ***150		
Principal Place	e of Business	Mailing Address			40110	510			
659 MOORING LINE DRIVE 659 MOORING LINE DRIVE		RIVE		TABLIA	310				
NAPLES, FL	33940	NAPLES, FL 33940							
					I HARKEN HIN	. BIBIO BINN BIBIN BIBIA BIRA	. OPOTE OLOGI OLOGI OLOGI OLOGI		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			07092008	Chg-P	CR2E034 (12/06)				
City & State		City & State	,		4. FEI Numbe 59-126		No	plied For It Applicable	
Zip 3416	Country	Zip Country		try	5. Certificate	of Status Desired	S8.75 Add		
27/	6. Name and Address of Current	34/02 Registered Agent	L	1	7. Name and Address of New Registered Agent				
	D. INSING SITU MULICOS OF CUTTOR	Hegisteren wächt		Name	7. Italia un-	Audiese of Item	efisieien war		
BOERIO, THOMAS E CPA 4099 TAMIAMI TRAIL N #400				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, F	FL 34103								
				City			FL Zip Code	Э	
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. (NOTI	E: Registered	d Agent signature required	id when reinstating)	·	DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees		with s. 607.193(2)(b), not receive the prior r			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE				☐ Change	Addition	
NAME	SMITH, PEGGY R.		NAME	- 1				,	
STREET ADORESS City-St-Zip	659 MOORING LINE DRIVE NAPLES, FL		1	ET ADDRESS -ST-ZIP	2	415.9			
	ST ST	Delete	INTE		<u> </u>	4102	☐ Change	₩ Addition	
TITLE NAME	SMITH.BRIAN R.	2 5000		i			☐ Ollenge	Nuclia	
STREET ADDRESS	659 MOORING LINE DRIVE			ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL		CITY	- ST-ZIP	34	1102			
IIILE	D	☐ Delete	TITLE	i			Change	☐ Addition	
NAME	SMITH, PEGGY R		MAM	_					
STREET ADDRESS CITY-ST-ZIP	659 MOORING LINE DRIVE NAPLES, FL 34102			ET ADDRESS - ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SMITH, BRIAN		NAMI	<u> </u>					
STREET ADDRESS	659 MOORING LINE DRIVE			ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34102		_	-ST-ZIP					
TITLE	D CANTU DAVID	☐ Delete	TITLE	L			Change	Addition	
NAME STREET ADDRESS	SMITH, DAVID 659 MOORING LINE DRIVE		NAMI STRE	EET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34102		- 1	'-ST-ZIP					
TITLE	D	☐ Defete	1111				☐ Change	☐ Addition	
NAME	SMITH, DANA		NAM	iE.					
STREET ADDRESS	659 MOORING LINE DRIVE			EET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34102			-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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destring Proce P									
	"SIGNATURE AND TYPED OR !	PHINTED NAME OF SIGNING OFFICER	OH DIRECT	IUK		uate	Daytima Phone if	l.	