

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 838576

1. Entity Name  
BARNETT MILLWORKS, INC.



Principal Place of Business

4915 ISLAND ROAD  
THEODORE, AL 36582

Mailing Address

P O BOX 389  
THEODORE, AL 36590



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-0339935  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONG, JAMES WINDELL  
7320 HWY 95A NORTH  
MOLINO, FL 32577

**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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BARNETT, CHARLES E.
STREET ADDRESS	4915 ISLAND ROAD
CITY - ST - ZIP	THEODORE, AL
TITLE	SD
NAME	BARBER, D.E.
STREET ADDRESS	4915 ISLAND ROAD
CITY - ST - ZIP	THEODORE, AL
TITLE	TD
NAME	BARBER, D.E.
STREET ADDRESS	4915 ISLAND ROAD
CITY - ST - ZIP	THEODORE, AL
TITLE	PD
NAME	BARNETT, PAUL S.
STREET ADDRESS	4915 ISLAND ROAD
CITY - ST - ZIP	THEODORE, AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000922773  
05/16/08-80004-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.08.

Date

251-443-0047

Daytime Phone #