


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90284 030 \*\*\*150.00

**DOCUMENT # H68745**  
 1. Entity Name  
**BARRY AND CHARLOTTE, INC.**



Principal Place of Business      Mailing Address  
**3661 CARRIAGE GATE DRIVE**      **3661 CARRIAGE GATE DRIVE**  
**WEST MELBOURNE, FL 32904**      **WEST MELBOURNE, FL 32904**

66419536



**DO NOT WRITE IN THIS SPACE**

03302004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2555648</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLE, BARRY H.**  
**3661 CARRIAGE GATE DRIVE**  
**WEST MELBOURNE, FL 32904**

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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]*      DATE: 4/10/04

Signature, typed or printed name of registered agent and DOR if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, BARRY H. 3661 CARRIAGE GATE DR WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLE, CHARLOTTE 3661 CARRIAGE GATE DR WEST MELBOURNE, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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]*      Date: 5-3-04      Daytime Phone #: 321-727-1814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*CHARLOTTE TYLER COLE - OFFICER*