

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90096 040 ***150.00

DOCUMENT # H90633 1. Entity Name BARR'S EQUIPMENT SERVICE, INC.					
Principal Place of Business 2506 TAYLOR AVENUE ORLANDO FL 32806 <i>2506 S. TAYLOR AVE</i>			Mailing Address 2506 TAYLOR AVENUE ORLANDO FL 32806		
2. Principal Place of Business <i>2506 S. TAYLOR</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>ORLANDO, FL</i>		City & State 		4. FEI Number 59-2620651	
Zip <i>32806</i>		Country <i>USA</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROWDER, DAVID 345 E. SR 436 SUITE 101 FERN PARK FL 32730			7. Name and Address of New Registered Agent Name <i>PATSY B. BARR</i> Street Address (P.O. Box Number is Not Acceptable) <i>2506 S. TAYLOR</i> City <i>ORLANDO</i> FL Zip Code <i>32806</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARR, GEORGE D. 2506 TAYLOR AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARR, GEORGE D. III 2506 S. TAYLOR AVE ORLANDO, FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARR, GEORGE D III 2506 TAYLOR AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARR, GEORGE D. 2506 S. TAYLOR AVE ORLANDO, FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARR, PATSY B 2506 TAYLOR AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Patsy B Barr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/15/04</i> Daytime Phone # <i>407-999-5214</i>		