2006 FOR PROFIT CORPORATION AMNUAL REPORT

FILED Aug 21, 2006 08:00 AN Secretary of State

BANDAL REPORT			Secretary of S		
DOCUMENT # J36503			Secretar	y or S	
BARŃES & SONS WOOD PRODUCERS, INC.					
Principal Place of Business	Mailing Address		1		
STATE ROAD 247, EAST	POB 942				
BRANFORD, FL 32008		US			
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			06242006 No 0	Chg-P CR2E034 (11/0	15)
DO NOT WRITE IN THIS SPA		ACE	4. FEI Number		Applied For
· · · · · · · · · · · · · · · · · · ·		•	59-2752160		Not Applicable
	3		5. Certificate of Status	Desired 🔲 \$8.75 / Fea Requ	Additional uired
6. Name and Address of Co	urrent Registered Agent		<u> </u>		·
BARNES LARRY D.			חס אס	T WRITE	
STATE ROAD 247 EAST					
BRANFORD, FL 32008			IN THIS	SSPACE	
8. The above named entity submits this statem	nent for the purpose of changing its regi	stered office or registe	red agent, or both, in the	State of Florida. I am familiar w	ith, and accept
the obligations of registered agent.	• •				
SIGNATURE	ed agent and title if applicable (NOTE Reg	jistered Agent signature required	d when reinstating)	DATE	
	S. Flaville Commission				
FILE NOW!!! FEE IS \$550. Due by September 6, 200			.00 May Be ded to Fees		
10. OFFICERS	S AND DIRECTORS				
TITLE PDS			•		
NAME BARNES, LARRY D. STREET ADDRESS STATE ROAD 247 EAST					
CITY-ST-ZIP BRANFORD, FL		i			
TITLE .		• • •		U00000574963 V22/06~80005-008	
NAME OTREST ADDRESS		' '	UB	/22/06~80005-008	550.00
STREET ADDRESS CITY-ST-ZIP		1			
TITLE					
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STREET ADDRESS CITY-ST-ZIP		· ·	DO NO	T WRITE	
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NAME	•		IN THIS	S SPACE	•
STREET ADDRESS			IN THIS	S SPACE	•
STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE	•
STREET ADDRESS	•		IN THIS	S SPACE	•
STREET ADDRESS CITY-ST-ZIP TITLE	. ;		IN THIS	S SPACE	· Anddon wh

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: Jun

TITLE
NAME,
STREET ADDRESS
CITY-ST-ZIP

SIGNAÇÃE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-06

386.935-6332

Date

Daytime Phone #