


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90350 042 ***150.00

DOCUMENT # P03000005075
 1. Entity Name
PHILLIP BARNARD CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 2900 PASO DE VIVAZ, NAVARRE FL 32566 2900 PASO DE VIVAZ NAVARRE FL 32566

44039809



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
2584 HOLLEY WAY

3. Mailing Address Suite, Apt. #, etc.
P O BOX 5646

City & State **NAVARRE FL** City & State **NAVARRE FL**

4. FEI Number **54-2101998** Applied For
 Not Applicable

Zip **32566** Country Country Zip **32566** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERNARD, PHILLIP
2900 PASO DE VIVAZ
NAVARRE FL 32566

7. Name and Address of New Registered Agent
 Name **BARNARD, PHILLIP**
 Street Address (P.O. Box Number is Not Acceptable)
2584 HOLLEY WAY
 City **NAVARRE FL** Zip Code **32566**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNARD, PHILLIP 2900 PASO DE VIVAZ NAVARRE FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAWYER, STEVE 2900 PASO DE VIVAZ NAVARRE FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNARD, PHILLIP 2584 HOLLEY WAY NAVARRE FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAWYER, STEVE 2584 HOLLEY WAY NAVARRE FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phillip Barnard* **PHILLIP BARNARD** **Apr 25 2004** **850-939-0448**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #