


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 22, 2005 08:00 AM
Secretary of State**

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



Principal Place of Business: 2584 HOLLEY WAY, NAVARRE, FL 32566
Mailing Address: PO BOX 5646, NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 54-2101998 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERNARD, PHILLIP
2584 HOLLEY WAY
NAVARRE, FL 32566

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERNARD, PHILLIP
STREET ADDRESS	2584 HOLLEY WAY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VD
NAME	SAWYER, STEVE
STREET ADDRESS	2584 HOLLEY WAY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/05-80010-025 150.00

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IN THIS SPACE**

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 7/17/05 850-582-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #