2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM DOCUMENT # P98000107550 Secretary of State 1. Entity Name RED BARN FLEA MARKET, INC. Principal Place of Business Mailing Address 1707 1ST STREET EAST BRADENTON FL 34208 1707 1ST STREET EAST BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0886067 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORIA, RIC ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 City Zip Code 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, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete IIILE Change SHEPARD, DANIEL O NAME MAME U00000057710 STREET ADDRESS 4919 RIVERVIEW BLVD. STREET ADDRESS 02/19/04-80072-014 158.75 CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST ZIP Change TITLE ☐ Delete TOLE Addition NAME STERRETT, LINDA NAME STREET ADDRESS 3711 70TH ST. E. STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME SHEPARD, MICHAEL K STREET ADDRESS STREET ADDRESS 6404 FOX HUNT LN. CITY-ST-ZIP BRADENTON FL 34202 CITY - ST-ZIP TITLE ☐ Deiete TITLE ☐ Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

DANIEL Ö. SHEPARD

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED