

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107550

1. Entity Name
RED BARN FLEA MARKET, INC.



FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
**1707 1ST STREET EAST
BRADENTON, FL 34208**

Mailing Address
**1707 1ST STREET EAST
BRADENTON, FL 34208**



08212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886067	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**SHEPARD, DANIEL O
1707 1ST STREET EAST
BRADENTON, FL 34208**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPARD, DANIEL O
STREET ADDRESS	4919 RIVERVIEW BLVD.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	ST
NAME	STERRETT, LINDA
STREET ADDRESS	5955 RIVER FOREST CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D
NAME	SHEPARD, MICHAEL K
STREET ADDRESS	6404 FOX HUNT LN.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL O. SHEPARD

8/21/08 **941-747-3794**
Date Daytime Phone #