


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # S06286
1. Entity Name
RED BARN SHEDS, INC.



Principal Place of Business 1426-A SKEES ROAD WEST PALM BEACH, FL 33411 US	Mailing Address 1426-A SKEES ROAD WEST PALM BEACH, FL 33411 US
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0230321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DAY, WILLIE H.
1426-A SKEES ROAD
WEST PALM BEACH, FL 33411**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	D DAY, WILLIE H. 1426-A SKEES ROAD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNCL, J V "JACK" 12948 OKEECHOBEE BLVD LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/16/04-80019-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Willie H. Day **WILLIE H. DAY** Date: 2-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #