


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90198 001 \*\*\*150.00

DOCUMENT # <b>S30097</b> 1. Entity Name <b>Barnes &amp; Phillips Real Estate Inc.</b>	
---	---

**DO NOT WRITE IN THIS SPACE**



**40069750**

CR2E034B (8/05)

2. Principal Place of Business <b>2195 - B Tamiami Trail</b> Suite, Apt. #, etc.	3. Mailing Address <b>2195-B Tamiami Trail</b> Suite, Apt. #, etc.
--	--

City & State <b>Port Charlotte, FL</b>	City & State <b>Port Charlotte, FL</b>	4. FEI Number <b>65-0204377</b>	Applied For Not Applicable
Zip <b>33948</b>	Country	Zip <b>33948</b>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Billy W. Jones</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2195-B Tamiami Trail</b>
City <b>Port Charlotte</b>
State <b>FL</b>
Zip Code <b>33948</b>

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 \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Billy W Jones</b> <b>2195 B Tamiami Trail</b> <b>Port Charlotte, FL 33948</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, without other like empowerment.

SIGNATURE:  **Bill W. Jones** **4-9-07** **941-743-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #