2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140394

1. Entity Name
BARRY A. MARTIN CABINETS INCORPORATED

Principal Place of Business	Mailing Address
7297 DOE RUN RD ST AUGUSTINE, FL 32095	7297 DOE RUN RD ST AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0469913

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MRTIN, BARRY A
7297 DOE RUN RD
ST AUGUSTINE, FL 32095

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 reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, BARRY A
STREET ADDRESS	7297 DOE RUN RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
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	

DO NOT WRITE 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: Barry A. Martin 904-540-6235
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

H00000224043
02/10/05-80069-006 150.00

FILED
Feb 10, 2005 08:00 AM
Secretary of State