2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90301 037 ***150.00

DOCUMENT # P02000117515

1. Entity Name
BARRY ANDREWS LAND COMPANY

Principal Place of Business	Mailing Address
405 ~~WILLIAM~~ STREET KEY WEST, ~~FL~~ 33040 US	405 ~~WILLIAM~~ STREET KEY WEST, ~~FL~~ 33040 US

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
604 Elizabeth street	604 Elizabeth street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040 Country:	Zip: 33040 Country:

4. FEI Number: 33-1036331 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ANDREWS, BARRY G		NAME	Andrews, Barry G	
STREET ADDRESS	405 WILLIAM STREET		STREET ADDRESS	604 Elizabeth street	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	VSD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	ANDREWS, EVA M		NAME	Andrews, EVA M	
STREET ADDRESS	405 WILLIAM STREET		STREET ADDRESS	604 Elizabeth street	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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] 4/5/06 305 240 2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #