


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 346446
1. Entity Name
SECURITY BARN, INC.



Principal Place of Business
659 MOORING LINE DRIVE
NAPLES, FL 33940

Mailing Address
659 MOORING LINE DRIVE
NAPLES, FL 33940

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1268652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOERIO, THOMAS E CPA
4099 TAMiami TRAIL N #400
NAPLES, FL 34103

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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	P
NAME	SMITH, PEGGY R.
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	ST
NAME	SMITH, BRIAN R.
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	SMITH, PEGGY R.
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	SMITH, BRIAN
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	SMITH, DAVID
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	SMITH, DANA
STREET ADDRESS	659 MOORING LINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102

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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: Peggy R. Smith, President Date: 2-9-05 Daytime Phone #: 239-261-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR