


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 346446 1. Entity Name SECURITY BARN, INC.	
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Principal Place of Business 659 MOORING LINE DRIVE NAPLES, FL 33940	Mailing Address 659 MOORING LINE DRIVE NAPLES, FL 33940
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1268652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2007 Fee will be \$550.00

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

U00000594097
 01/22/07-80059-009 150.00

10. OFFICERS AND DIRECTORS

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

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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: *X Peggy R Smith* PEGGY R. SMITH *X 1-19-07 X 239-261-0374*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #