


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90039 019 ***150.00

DOCUMENT # 516581 1. Entity Name JOHN BARLEYCORN, INC.					
Principal Place of Business 220 ARTHUR AVE. COCOA BEACH, FL 32931			Mailing Address P.O. BOX 488 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business 425 Pierce Avenue Suite, Apt. #, etc. #210		3. Mailing Address Suite, Apt. #, etc.			
City & State Cape Canaveral, FL		City & State		4. FEI Number 59-1920184	
Zip 32920		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGETT, STACY L 1970 MICHIGAN AVE BLDG C COCOA, FL 32922			7. Name and Address of New Registered Agent Name Burgett, Stacy L. Street Address (P.O. Box Number is Not Acceptable) 3490 N. Hwy US 1 City Cocoa FL Zip Code 32926		
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 <u><i>Stacy L Burgett</i></u> <u><i>Stacy L Burgett</i></u> <u><i>1/30/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BURGETT, FREDERICK C JR 220 ARTHUR AVENUE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Burgett, Frederick C JR 425 Pierce Avenue #210 Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Frederick C. Burgett Jr</i></u> FREDERICK C. BURGETT, JR <u><i>1/18/04</i></u> 321 784 1716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					