## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2006 08:00 AM Secretary of State DOCUMENT # F30504 1. Emity Name ROBERT M. BARRETT, INC. Principal Place of Business Mailing Address 1600 MARINER BAY BLVD FORT PIERCE FL 34949 1600 MARINER BAY BLVD FORT PIERCE FL 34949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2099304 Not App‼c≈i Ζıp Country Żφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BARRETT, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1600 MARINER BAY BLVD FORT PIERCE FL 34949 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 accerthe obligations of registered agent. SIGNATURE. Signature, typed in prested name of registered agent and title it applicable (NOTE: Registered Agent signature required when redistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ! After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE PD\$ Delete TITLE ☐ Change ☐ A--\*\* U00000484158 12708-80028-011 150.80 NAME BARRETT, ROBERT M NAME STREET ADDRESS STREET ADDRESS 1600 MARINER BAY BLVD CITY - ST - ZIP \_CHTY-ST-ZIP FORT PIERCE FL 34949 ☐ Change ☐ Air\*\* ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 25P CITY-ST-7/P TITLE Delete TITLE Change NAME STRUET ACCORESS. STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete ☐ Change □ /\*\*\*\* TITLE NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIE ☐ Delete TITLE Change Adam Ada MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change E Addition HAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outlit, that I am an officer or direction 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 in the chapter of the corporation or on an attachment with an address, with all other like empowered.

**FILED** 

SIGNATURE: Poly IN Wart Robert M. BARRETT 3/2/06 772-460-638