## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)~

## Feb 19, 2007 8:00 am Secretary of State DOCUMENT # F30504 1. Entity Name 02-19-2007 90053 001 \*\*\*150 00 ROBERT M. BARRETT, INC. Principal Place of Business Mailino Address 1600 MARINER BAY BLVD FORT PIERCE FL 34949 1600 MARINER BAY BLVD FORT PIERCE FL 34949 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-2099304 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL R. BARRETT BARRETT, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1600 MARINER BAY BLVD FORT PIERCE FL 34949 901 DOVE HUNTER OD 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 registeret agent. MICHAEL R. BARZETT, PRESIDENT FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS THUE TIME Delete ☐ Change ☐ Addition BARRETT, ROBERT M NAME NAMI 1600 MARINER BAY BLVD STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CHY-SI-7/P VΡ TILLE YD5 □ Delete HHI Addition BARRETT, MICHAEL R NAME BARRETT, MCHAEL R NAME 901 DOVE HUNTER ROAD STREET ADDRESS STREET ADDRESS qui DOUEHUNTER RD DELAND FL 32724 CITY-ST-7IP CHY SI-ZIP DELAND PL 32774 TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP THILE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-7P ☐ Delete THE HIU ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7(P CITY-ST-ZIP 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 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.

FILED

MICHAEL RBARRETT, PRES, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR