

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # F97000002783

1. Entity Name
**BARNARD CONSTRUCTION COMPANY,
INCORPORATED**

Principal Place of Business
**701 GOLD AVE
BOZEMAN, MT 59715-2453 US**

Mailing Address
**P.O. BOX 99
BOZEMAN, MT 59771-0099**

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0384712

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO BARNARD, TIMOTHY 1750 NORTH HEIGHTS CIRCLE SHERIDAN, WY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD NELSON, JOSEPH P 600 COULEE DRIVE BOZEMAN, MT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TILLEMANN, JAMES A 132 COOK CT. BOZEMAN, MT 59715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HERTEL, DANIEL J 7110 S. 3RD AVE. BOZEMAN, MT 59715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HIGGINS, JEFF 635 CONCORD DRIVE BOZEMAN, MT 59715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRAZEN, PAUL A 83 POPLAR BOZEMAN, MT 59718 |

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IN THIS SPACE**

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01/16/07-80001-021 150.00

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: James A. Tillemann **JAMES A. TILLEMANN** 01/08/07 (406) 586-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #