2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # G43424

1. Entity Name

BARNS OF AMERICA, INC.

Principal Place of Business	Mailing Address
10201 NE 232 ST RD. P.O. BOX 203 ORANGE SPRINGS FL 32182-7203	10201 NE 232 ST RD. P.O. BOX 203 ORANGE SPRINGS FL 32182-7203

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2355771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, PATRICIA ANN 10201 NE 232 ST RD. ORANGE SPRINGS FL 32182	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accep 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DTS ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COLLINS, PATRICIA	NAME	U000000407105
STREET ADDRESS	NE 233 ST RD OFF HWY 318	STREET ADDRESS	02/08/06-80003-006 150.00
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COLLINS, RONALD CONKLIN	NAME	
STREET ADDRESS	NE 233 ST RD OFF HWY 318	STREET ADDRESS	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COLLINS, RANDALL CONKLIN	NAME	
STREET ADDRESS	23265 N.E. 103 AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	CITY-ST-ZIP	
TITLE	AT ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COLLINS, RUSSELL CONKLIN	NAME	
STREET ADDRESS	227 THAYER AVE., P.O. BOX 299	STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34460	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 direc 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 1 *if changed, or on an attachment with an address, with all other like empowered.*

PATRICIA A. COLLINS

SIGNATURE: _____ 01-25-2006 352-546-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #