



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H90908 1. Entity Name BARRETT-HARDING ASSOCIATES, INC.					
Principal Place of Business 10014 GROVE DRIVE PORT RICHEY FL 34668			Mailing Address 10014 GROVE DRIVE S-B PORT RICHEY FL 34668 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


MOORE CR2E034 (11/03)

4. FEI Number 59-2665357		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARRETT, SUSAN 10014 GROVE DRIVE PORT RICHEY FL 34668			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 accept the obligations of registered agent.

SIGNATURE *Susan Barrett*
Signature, typed or printed name of registered agent and title if applicable

2/17/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00.
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	P BARRETT, SUSAN			STREET ADDRESS	U00000061116		
CITY-ST-ZIP	10014 GROVE DRIVE PORT RICHEY FL 34668			CITY-ST-ZIP	02/23/04-80067-008 150.00		
TITLE	STDV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDING, LORI			NAME			
STREET ADDRESS	10014 GROVE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemption stated in Section 119.07(3)(f), 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: *Lori Harding*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 737-863-1149
DATE DAYTIME PHONE