## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J29303

1. Entity Name THE BARKIN COMPANY



**FILED** Mar 16, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

13200 W NEWBERRY ROAD

BB-152

NEWBERRY, FL 32669-2773 US

Mailing Address

13200 W NEWBERRY ROAD

BB-152

NEWBERRY, FL 32669-2773 US



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03062006

4. FEI Number 04-2814430

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BARKIN, SHIRLEY W. 13200 W NEWBERRY ROAD BB-152 NEWBERRY, FL 32669-2773

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent	purpose of changing its registered office	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and ofe i	it applicable. (NOTE Registered Agent a	igneture required when rematating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Cempaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARKIN, SHIRLEY W. 13200 W NEWBERRY ROAD NEWBERRY, FL 326692773			
NAME STREET ADDRESS CITY-S1-ZIP	D BARKIN, SHIRLEY W. 13200 W NEWBERRY ROAD NEWBERRY, FL 326692773			000000470374 03/28/06-80011-011 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP BARKIN, RICHARD B 13200 W NEWBERRY ROAD NEWBERRY, FL 326692773		DO	NOT WRITE
TITLE NAME STREET ADDRESS CATY-SI-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I tunher 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 certify 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 Black 10 or Black 11 if changed, or on an attachment with an address, with all other like empowered.