2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K56024

Entity Name
 EARL M. BARKER, JR., P.A.



Principal Place of Business

C/O EARL M. BARKER, IR. 334 E. DUVAL ST JACKSONVILLE, FL 32202 Mailing Address

C/O EARL M. BARKER, IR. 334 E. DUVAL ST JACKSONVILLE, FL 32202

FILED Mar 10, 2004 08:00 AM Secretary of State



03082004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2921484

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARKER, EARL M., JR 334 E. DUVAL ST JACKSONVILLE FL 32202

CITY-ST-78P

SIGNATURE:

DO NOT WRITE IN THIS SPACE

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information unature shall have the same legal effect as if made under oath, that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

904-353-0033

GAGIGOITVILLE, I E J2202			IN THIS SPACE		
8. The above the obligate SIGNATURE	named entity submits this statement for the prisons of registered agent. Signature, typed or printed name of registered agent and title if			egistered agent, or bo	th, in the State of Florids. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🛚	\$5.00 May Be Added to Fees	00000082891 03/10/04-80016-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BARKER, EARL M., JR 334 E. DUVAL ST JACKSONVILLE, FL	TORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					69.3/8/on
TITLE NAME STREET ADDRESS					O. X.