


**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90390 039 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P00000099409			
1. Entity Name M. BARNETT DESIGN AND DRAFTING, INC.			
Principal Place of Business 2900 14TH STREET NORTH SUITE 58 NAPLES, FL 34103		Mailing Address 2900 14TH STREET NORTH SUITE 58 NAPLES, FL 34103	
2. Principal Place of Business 501 GOODLETTE Rd N. Suite, Apt. #, etc. 208c		3. Mailing Address Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34102	Country COLLIER	Zip	Country
6. Name and Address of Current Registered Agent BARNETT, MARIE 2900 14 STREET NORTH SUITE 58 NAPLES, FL 34103		7. Name and Address of New Registered Agent 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: <i>M. Barnett</i> DATE: April 14, 2005			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARNETT, MARIE L <del>2900 14 STREET NORTH, SUITE 58</del> NAPLES, FL 34103 SEE ABOVE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>M. Barnett</i>		Date Daytime Phone #	

40062114



01142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3678042 Applied For Not Applicable

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

501 GOODLETTE Rd  
208c  
NAPLES FL 34102

FILE NOW!!! FEE IS \$150.00  
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Trust Fund Contribution.  \$5.00 May Be Added to Fees

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SIGNATURE: *M. Barnett* Date Daytime Phone #