


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90068 042 ***150.00

DOCUMENT # P00000109040

1. Entity Name
PHILIP BARRATT INC.



Principal Place of Business Mailing Address

**2235 S LONGREENE RD
 JACKSONVILLE FL 32218** **2235 S LONGREENE RD
 JACKSONVILLE FL 32218**

2. Principal Place of Business 3. Mailing Address

11903 Caney Lane **11903 Caney Lane**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville, FL **Jacksonville, FL**

Zip Country Zip Country

32218 **U.S.** **32218** **U.S.**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3683017 Not Applicable

6. Name and Address of Current Registered Agent

**BARRATT, PHILIP
 2235 S LONGREENE RD
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Philip Barratt**

Street Address (P.O. Box Number is Not Acceptable)

11903 Caney Lane

City State Zip Code

Jacksonville **FL** **32218**

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 **Philip Barratt** **3-17-04**

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, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRATT, PHILIP	
STREET ADDRESS	11915 CANEY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barratt, Philip	
STREET ADDRESS	11903 Caney Lane	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: **Philip Barratt / President** **3-17-04** **(904) 753-1374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #