
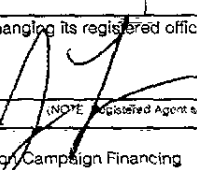
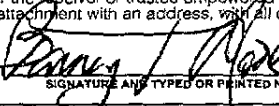


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000052545</b>		
1. Entity Name <b>BARNEY T. MOORE CONSTRUCTION OF VOLUSIA COUNTY, INC.</b>		
Principal Place of Business <b>323 CENTER STREET ORMOND BEACH, FL 32174</b>	Mailing Address <b>1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LOGUIDICE, JOE CPA 1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117</b>		
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 <u></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE <u>11/8/07</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, BARNEY T 323 CENTER STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOORE, ROBERT S 323 CENTER STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRY DALLAS, MOORE 323 CENTER STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STR SUE, MOORE 323 CENTER STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/8/07</u> Daytime Phone #



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>80-0028632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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03/21/07-80041-023 150.00

**DO NOT WRITE  
IN THIS SPACE**