


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90101 023 ***150.00

DOCUMENT # P01000122211	
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1. Entity Name BARRIER ISLANDS CO.	Principal Place of Business 3393 CREWS LAKE DRIVE LAKELAND, FL 33813	Mailing Address 3393 CREWS LAKE DRIVE LAKELAND, FL 33813
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2. Principal Place of Business LTD S. Florida Avenue Suite, Apt. #, etc. 1	3. Mailing Address P.O. Box 7220 Suite, Apt. #, etc.
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City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country POLK
Zip 33807	Country POLK



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0636187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YELNICK, MARK A 3393 CREWS LAKE DRIVE LAKELAND, FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME YELNICK, MARK A STREET ADDRESS 3393 CREWS LAKE DRIVE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 6135 Riverlake Blvd. CITY-ST-ZIP Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME YELNICK, SUZANNE E STREET ADDRESS 3393 CREWS LAKE DRIVE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark A. Yelnick **4-13-06** **863-647-5283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #