


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

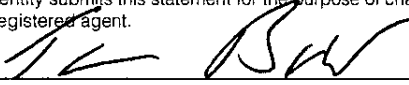
03-02-2004 90036 032 ***150.00

DOCUMENT # P02000000596		
1. Entity Name BARKER ACOUSTICAL CEILINGS, INC.		
Principal Place of Business C/O TOM BARKER 4523 S RENELLIE DR TAMPA FL 33611		Mailing Address C/O TOM BARKER 4523 S RENELLIE DR TAMPA FL 33611
2. Principal Place of Business 4523 S Renellie Dr Suite, Apt. #, etc.	3. Mailing Address 4523 S. Renellie Dr. Suite, Apt. #, etc.	
City & State Tpa FL	City & State Tpa FL	4. FEI Number 60-0001579
Zip 33611	Country Hillsboro.	Country Hills
6. Name and Address of Current Registered Agent BARKER, TOM 4523 S RENELLIE DR TAMPA FL 33611		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		Applied For Not Applicable
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code



MOORE CR2E034 (11/03)

3. 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  DATE 2/25/04

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 Trust Fund Contribution. **\$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	D BARKER, TOM 4523 S RENELLIE DR TAMPA FL 33611 <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)(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:  **Tom Barker** 2/25/04 813-835-0574

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