

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 049 \*\*\*150.00

**DOCUMENT # P02000010323**

1. Entity Name  
**BARNHART INTERESTS, INC.**



Principal Place of Business  
**143 BAYSIDE DRIVE  
CLEARWATER, FL 33767 US**

Mailing Address  
**143 BAYSIDE DRIVE  
CLEARWATER, FL 33767 US**

**60021778**



02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3035181**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARNHART, DEBORAH E  
143 BAYSIDE DRIVE  
CLEARWATER, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARNHART, DEBORAH DR 145 BAYSIDE CLEARWATER BEACH, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO TOBEN EDWARDS BARNHART 11604 INNFIELDS DRIVE ODDESSA FL 33554</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO TYSON ROBERTS BARNHART 2433 RADNOR DR ORLANDO FL 32628</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 supplied 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.12.06 727 871 6270**

Date Daytime Phone #