## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000005075 1. Entity Name 04-29-2004 90350 042 \*\*\*150 00 PHILLIP BARNARD CONSTRUCTION, INC. Principal Place of Business Mailing Address 2900 PASO DE VIVAZ NAVARRE FL 32566 2900 PASO DE VIVAZ, NAVARRE FL 32566 44039809 2. Principal Place of Business 3. Mailing Address 5646 2584 HOLLEY WAY PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For NAVARRE NAVARRE 54-2101998 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNARD, PHILLIP BERNARD, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 2900 PASO DE VIVAZ NAVARRE FL 32566 2584 HOLLEY WAY Zip Code 32546 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change · 🔲 Addition BARNARO, PHILLIP BERNARD, PHILLIP NAME NAME 2584 HOLLEY WAY 2900 PASO DE VIVAZ STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP VD TITLE Delete TITLE Change Addition SAWYER, STEVE SAWYER, STEVE NAME NAME STREET ADORESS 2900 PASO DE VIVAZ 2584 HILLEY WAY STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 C/TY-ST-ZIP NAVARRE FL TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PHILLIP BARNARD

FILED