


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90452 017 ***150.00

DOCUMENT # P03000027570 1. Entity Name RODNEY BARKER PAINTING, INC.			
Principal Place of Business 2110 NW 15TH ST. CRYSTAL RIVER, FL 34428		Mailing Address 2110 NW 15TH ST. CRYSTAL RIVER, FL 34428	
2. Principal Place of Business 4023 N. Lecanto Hwy Suite, Apt. #, etc.		3. Mailing Address 4023 N. Lecanto Hwy Suite, Apt. #, etc.	
City & State Beverly Hills, FL Zip 34465		City & State Beverly Hills, FL Zip 34465	
Country USA		Country USA	
4. FEI Number 56-2326092		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKER, RODNEY L 2110 NW 15TH ST. CRYSTAL RIVER, FL 34428		7. Name and Address of New Registered Agent Name Rodney L. Barker Street Address (P.O. Box Number is Not Acceptable) 4023 N. Lecanto Hwy City Beverly Hills FL Zip Code 34465	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BARKER, RODNEY L STREET ADDRESS 2110 NW 15TH ST. CITY-ST-ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE P NAME Barker Rodney L STREET ADDRESS 4023 N. Lecanto Hwy CITY-ST-ZIP Beverly Hills, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BARKER, RONALD L JR. STREET ADDRESS 5394 W. STARBURST LN. CITY-ST-ZIP HOMOSASSA, FL 34446	<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 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: Rodney Barker Rodney Barker 4/12/05 352-746-2353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			