2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055484

1. Entity Name
BARKER LAND TITLE & ESCROW, INC.

Principal Place of Business	Mailing Address
4244 ST JOHNS AVE JACKSONVILLE, FL 32210	4244 ST JOHNS AVE JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

02282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
56-2375068	Not Applicable

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

6. Name and Address of Current Registered Agent

BARKER, MICHAEL J
4244 ST JOHNS AVE
JACKSONVILLE, FL 32210

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 _____   DATE 3/21/05
Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKER, LAUREN
STREET ADDRESS	4244 ST JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	D
NAME	BARKER, MICHAEL
STREET ADDRESS	4244 ST JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: _____   Date 3/21/05   Daytime Phone # 904 384 9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR