

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90058 035 ***150.00

DOCUMENT # P03000060782

1. Entity Name

BARRIER ISLAND TRADING COMPANY



Principal Place of Business

11844 OLD DIXIE HWY., SUITE A
HOBE SOUND FL 33455

Mailing Address

11844 OLD DIXIE HWY., SUITE A
HOBE SOUND FL 33455

2. Principal Place of Business

11844 S.E. DIXIE HWY

3. Mailing Address

11844 S.E. DIXIE HWY

Suite, Apt. #, etc.

*A

Suite, Apt. #, etc.

*A

City & State

HOBE SOUND, FL.

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

U.S.A.

6. Name and Address of Current Registered Agent

WHYTE, STEVEN
108 PRIVATEER CT.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE P ☐ Delete
NAME WHYTE, STEVEN
STREET ADDRESS 108 PRIVATEER CT.
CITY-ST-ZIP JUPITER FL 33458

TITLE T ☐ Delete
NAME BAIRD, DEBORAH
STREET ADDRESS 108 PRIVATEER CT.
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.19.04 772.545.9498