

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-03-2004 90664 015 ***150.00

DOCUMENT # P03000078356					
1. Entity Name BARRY'S PODJO, INC.					
Principal Place of Business 3295-B CRAWFORDVILLE HIGHWAY., SUITE CRAWFORDVILLE FL 32327			Mailing Address 3295-B CRAWFORDVILLE HIGHWAY., SUITE CRAWFORDVILLE FL 32327		
2. Principal Place of Business 522 Silver Slipper Ln		3. Mailing Address P.O. Box 40			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee		City & State Crawfordville, Fla		4. FEI Number 11-3695316	
Zip FLA		Country Leon		Zip 32326	
Country FLA		Country Leon		Country Wakulla	
6. Name and Address of Current Registered Agent BARRY, JOSEPH C JR 3295-B CRAWFORDVILLE HIGHWAY., SUITE 1 CRAWFORDVILLE FL 32327			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 2140-C Crawfordville Hwy City _____ FL _____ Zip Code _____ Crawfordville FL 32327		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE D	NAME BARRY, JOSEPH C JR	<input type="checkbox"/> Delete			
STREET ADDRESS 3295-B CRAWFORDVILLE HIGHWAY., SUITE 1					
CITY-ST-ZIP CRAWFORDVILLE FL 32327					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P	NAME Barry, Joseph C. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS P.O. Box 40					
CITY-ST-ZIP Crawfordville, Fla 32326					
TITLE V.P.	NAME Barry Betty G	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS P.O. Box 40					
CITY-ST-ZIP Crawfordville, Fla 32326					
TITLE S	NAME Green Clara L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 28A Hee lane					
CITY-ST-ZIP Crawfordville, Fla 32326					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Barry Joseph C Jr</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone # _____					