

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

04-19-2004 90345 025 ***150.00

DOCUMENT # P03000088528

1. Entity Name
BARRETT FOOD SERVICE, INC.



Principal Place of Business
**3285 S W 2 ST
DEERFIELD BCH, FL 33442**

Mailing Address
**3285 S W 2 ST
DEERFIELD BCH, FL 33442**

66432302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

35-2211792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, A JEAN
3285 S W 2 ST
DEERFIELD BCH, FL 33442**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☐ Delete
NAME **BARRETT, A JEAN**
STREET ADDRESS **3285 S W 2 ST**
CITY-ST-ZIP **DEERFIELD BCH, FL 33442**

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

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
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CITY-ST-ZIP

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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 recipient 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 #

JEAN BARRETT

4/30/04 954 570 8773

Attachment

66432302

**BARRETT FOOD SERVICE INC.
3285 SW 2ND STREET
DEERFIELD BEACH, FL 33442-2310**

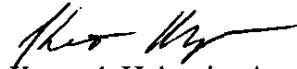
August 15, 2004

Dear Sir or Madam;

Re: Barrett Food Service Inc.
Doc# P03000088528

I am writing in regard to your notice of intent to dissolve which we recently received from your office. In a subsequent telephone call we were told that our annual report had been received with a payment of \$150 prior to 4/30/04. However it was also indicated that our annual report was returned to us due to a lack of a signature and a missing federal ID number. It was also mentioned that a \$400 late fee now applied to our account. Please be advised that the returned annual report was never received by us, possibly being lost in the mail and therefore we were unable to respond to it. Please review the enclosed revised annual report which includes officer's signature and federal ID# and update our records accordingly. Also please accept our apologies for filing an incomplete annual report previously. It was an unintentional error. In view of the foregoing we respectfully ask you to abate the \$400 late fee.

Sincerely,



Kenneth Halperin, Accountant
Barrett Food Service Inc.