

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 013 ***150.00

DOCUMENT # P03000090682

1. Entity Name
FLORIDA'S BARN, INC.



Principal Place of Business
1344 SR 655
AUBURNDAL, FL 33823

Mailing Address
1344 SR 655
AUBURNDAL, FL 33823

94069138

2. Principal Place of Business
3820 BERKLEY ROAD
Suite, Apt. #, etc.

3. Mailing Address
3820 BERKLEY ROAD
Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)



City & State
AUBURNDAL FL
Zip
33823-8406 Country

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AUBURNDAL FL
Zip
33823-8406 Country

4. FEI Number
20-0168917
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUY, REX
3820 BERKLEY ROAD
AUBURNDAL, FL 33823

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS GUY, REX
CITY-ST-ZIP 1344 SR 655
AUBURNDAL, FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3820 BERKLEY ROAD
CITY-ST-ZIP AUBURNDAL FL 33823 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS COLETTE GUY
CITY-ST-ZIP 3820 BERKLEY RD.
AUBURNDAL FL 33823 ☐ Change ☒ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/22/04 Daytime Phone #