


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90270 025 \*\*\*150.00

<b>DOCUMENT # P03000111382</b> 1. Entity Name <b>BARKER'S CONSTRUCTION, INC.</b>					
Principal Place of Business <b>3805 MISTY WAY DESTIN, FL 32541</b>			Mailing Address <b>3805 MISTY WAY DESTIN, FL 32541</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>4025 Lauren Ct.</b>		Suite, Apt. #, etc. <b>4025 Lauren Ct.</b>			
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>			
Zip <b>32541</b>		Country <b>OKALOOSA</b>		Zip <b>32541</b>	
Country <b>OKALOOSA</b>		4. FEI Number <b>200290018</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARKER, DEDRA D 3805 MISTY WAY DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent Name <b>Barker, Dedra D</b> Street Address (P.O. Box Number is Not Acceptable) <b>4025 Lauren Ct.</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>		
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 <u><b>Dedra D. Barker (President) Dedra D. Barker 4-27-04</b></u> DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>P. BARKER, DEDRA D</b> STREET ADDRESS <b>3805 MISTY WAY</b> CITY-ST-ZIP <b>DESTIN, FL 32541</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME <b>VP BARKER, BRADLEY G</b> STREET ADDRESS <b>3805 MISTY WAY</b> CITY-ST-ZIP <b>DESTIN, FL 32541</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><b>Dedra D. Barker (Dedra D. Barker 4-27-04 850-650-1013)</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					