

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

	
DOCUMENT # P03000140394 1. Entity Name BARRY A. MARTIN CABINETS INCORPORATED	
Principal Place of Business 7297 DOE RUN RD ST AUGUSTINE, FL 32095	Mailing Address 7297 DOE RUN RD ST AUGUSTINE, FL 32095
DO NOT WRITE IN THIS SPACE	
2. Name and Address of Current Registered Agent MARTIN, BARRY A. 7297 DOE RUN RD ST AUGUSTINE, FL 32095	
3. The above named entity submits the 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 _____ DATE _____ Signature typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when submitting.)	
4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00	
10. OFFICERS AND DIRECTORS	
PD MARTIN, BARRY A. STREET ADDRESS 7297 DOE RUN RD CITY-STATE-ZIP ST AUGUSTINE, FL 32095	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 true information.	
SIGNATURE: <u>Barry A. Martin</u> DATE: <u>9/04-540-6235</u> SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR	



02042005	No Chg-P	CR2E034 (10/03)	Applied For
20-0469913			Not Applicable
5. Certificate of Status Desired: ☐		\$8.75	Additional Fee Required

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IN THIS SPACE**

02/10/05-80059-006 150.00
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FILED
Feb 10, 2005 08:00 AM
Secretary of State