

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90088 025 \*\*\*150.00



**DOCUMENT # P03000151486**  
 1. Entity Name:  
**THOMAS BARKER DRYWALL, INC.**

Principal Place of Business: **3030 MARQUES ST PENSACOLA FL 32505**  
 Mailing Address: **3030 MARQUES ST PENSACOLA FL 32505**



2. Principal Place of Business: **3030 Marques St**  
 Suite, Apt. #, etc.:

3. Mailing Address:  
 Suite, Apt. #, etc.:

1st MOORE CR2E034 (10/04)

City & State: **Pensacola, FL**  
 City & State:

4. FEI Number: **02-0712916**  
 Applied For:  Not Applicable

Zip: **32505** Country: **Escambia**  
 Zip: Country:

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

6. Name and Address of Current Registered Agent:  
**BARKER, THOMAS E**  
**3030 MARQUES ST**  
**PENSACOLA FL 32505**

7. Name and Address of New Registered Agent:  
 Name: **THOMAS E. BARKER**  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **Pensacola FL** Zip Code: **32505**

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 reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>BARKER, THOMAS E</b>	
STREET ADDRESS: <b>4433 ALANTHUS STREET</b>	
CITY-ST-ZIP: <b>MILTON FL 32583</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas E. Barker Date: 2-24-05 Daytime Phone #: 252-1094