


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90024 009 \*\*\*150.00

DOCUMENT # <b>P03000155324</b>	
1. Entity Name <b>BARNHILL CONSTRUCTION, INC.</b>	

Principal Place of Business <b>3974 CLEARVIEW DRIVE CRESTVIEW FL 32539</b>	Mailing Address <b>3974 CLEARVIEW DRIVE CRESTVIEW FL 32539</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Same</i>	
Zip	Country	Zip <i>Same</i>	Country <i>Same</i>

	
1st MOORE	CR2E034 (10/06)
4. FEI Number <b>56-2426867</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BARNHILL, PAUL 3974 CLEARVIEW DRIVE CRESTVIEW FL 32539</b>	
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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 _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNHILL, PAUL</b>	NAME	
STREET ADDRESS	<b>3974 CLEARVIEW DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CRESTVIEW FL 32539</b>	CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JAMES E</b>	NAME	
STREET ADDRESS	<b>3974 CLEARVIEW DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CRESTVIEW FL 32539</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERKINS, JEFF</b>	NAME	
STREET ADDRESS	<b>3974 CLEARVIEW DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CRESTVIEW FL 32539</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		