


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000021520	
1. Entity Name PAT BARKERS CARPENTRY AND TRIM INC.	

Principal Place of Business 3912 SOUTH MILLSTON POINT HOMOSASSA, FL 34448 US	Mailing Address 3912 SOUTH MILLSTON POINT HOMOSASSA, FL 34448 US
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0108013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARKER, PAT
3912 SOUTH MILLSTON POINT
HOMOSASSA, FL 34448**

**DO NOT WRITE
IN THIS SPACE**

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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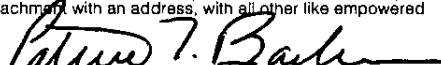
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, PAT 3912 SOUTH MILLSTON POINT HOMOSASSA, FL 34448
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09/11/06-80002-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **9-07-06** **352-628-9204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #