2008 FOR PROFIT CORPORATION

FILED May 01, 2008 08:00 AN Secretary of State

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1. Entity Name

BARRETT CONTRACTING, INC.



Principal Place of Business

633 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 Mailing Address

633 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119



DC	NOT	WRITE	IN THIS	SPACE
-		441711 L		JEMUL

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3184444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BARRETT, CHARLES L 633 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119

DO NOT WRITE IN THIS SPACE

	:					
8. The above the obligat	named entity submits this statement for the price of registered agent.	urpose of changing its registered of	lice or re	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	appicable (NOTE Registered Agen	l sugnature	required when relocation)	DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		\$5.00 May Be Added to Fees	•	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, CHARLES L 633 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119				U00000940936 05/28/08-80097-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNDY, ROBERT J 633 PELICAN BAY DR DAYTONA BEACH, FL 32119			1 · · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			,	day of the		

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 in 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 of trueses employered 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: