

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 033 ***150.00

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| DOCUMENT # P04000064855 | |
| 1. Entity Name BARRETT BLACKWELL INC. | |



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| Principal Place of Business 21 ENCLAVE DRIVE WINTER HAVEN, FL 33884 US | Mailing Address 21 ENCLAVE DRIVE WINTER HAVEN, FL 33884 US |
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|---|---|
| 2. Principal Place of Business 5887 JENNINGS ROAD | 3. Mailing Address 5887 JENNINGS ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State HAINES CITY, FL | City & State HAINES CITY, FL |
| Zip 33844 | Country |
| Zip 33844 | Country |



04182005 Chg-P CR2E034 (10/03)

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| 4. FEJ Number 20-1021061 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BLACKWELL, BARRETT 21 ENCLAVE DRIVE WINTER HAVEN, FL 33884 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5887 JENNINGS ROAD City HAINES CITY FL Zip Code 33844 |
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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: **BARRETT BLACKWELL** *Barrett Blackwell* **4/26/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVPD BLACKWELL, BARRETT 21 ENCLAVE DRIVE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5887 JENNINGS ROAD HAINES CITY, FL 33844 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **BARRETT BLACKWELL** *Barrett Blackwell* **4/26/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #