


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000064482	
1. Entity Name THE BARNETT TEAM, INC.	

Principal Place of Business 4791 SW 55TH AVE DAVIE, FL 33314	Mailing Address 4791 SW 55TH AVE DAVIE, FL 33314
--	--



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2752887	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 STONE, MARY 4791 SW 55TH AVE DAVIE, FL 33314

**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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, MARY 4791 SW 55TH AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVOLI, JOSEPH 4531 SW 55 AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, JOSEPH 4791 SW 55TH AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, TIMOTHY 4791 SW 55TH AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, REBECCA 4791 SW 55TH AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYLIN, KENNETH P 4531 SW 55TH AVE DAVIE, FL 33314

U000000635373
02/23/07-80011-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mary Stone Mary Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 954-584-5495
Date Daytime Phone #