


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90185 029 \*\*\*150.00

**DOCUMENT # P05000160491**

1. Entry Name  
**BARRIER ISLAND BUILDERS, INC.**



Principal Place of Business  
**108 SATURN CT.  
 INDIALANTIC, FL 32903**

Mailing Address  
**108 SATURN CT.  
 INDIALANTIC, FL 32903**

40079096



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**20-3919237**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYLE, BRANDY  
 108 SATURN CT.  
 INDIALANTIC, FL 32903**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLE, BRANDY	
STREET ADDRESS	108 SATURN CT.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANIERO, STEPHEN	
STREET ADDRESS	108 SATURN CT.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyle, Brandy	
STREET ADDRESS	108 Saturn Ct.	
CITY-ST-ZIP	Indialantic, Florida 32903	
TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raniero, Stephen	
STREET ADDRESS	108 Saturn Ct.	
CITY-ST-ZIP	Indialantic, Florida 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brandy Boyle Brandy Boyle, Director 04/26/06 321-537-6730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #