

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-18-2007 90024 008 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000125137			
1. Entity Name BARNHILL HOMES, INC.			
Principal Place of Business 3974 CLEARVIEW DRIVE CRESTVIEW FL 32539		Mailing Address 3974 CLEARVIEW DRIVE CRESTVIEW FL 32539	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3974 Clearview Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Crestview FL	
Zip	Country	Zip	Country
32539		32539	OKLAHOMA
4. FEI Number 57-0608006		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 BARNHILL, PAUL T 3974 CLEARVIEW DRIVE CRESTVIEW FL 32539		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 <i>Paul T. Barnhill</i>		DATE 4-30-07	
Signature, typed or printed name of registered agent and title, applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS BARNHILL, PAUL T 3974 CLEARVIEW DRIVE CRESTVIEW FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Paul T. Barnhill</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	