

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90074 013 ***150.00

DOCUMENT # P92000000231

1. Entity Name

BARNEY'S JUNK YARD, INC.



Principal Place of Business

**BARNEYS JUNKYARD INC
WEST PALM BEACH FL 33407
US**

Mailing Address

**6840 NORTH HAVERHILL ROAD
WEST PALM BEACH FL 33407**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6182 Leslie St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*City & State
Naples FL*

Zip

Country

33458 P Beach

4. FEI Number **65-0375412**

Applied For

Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**WHITEMORE, ALANNA L
6840 NORTH HAVERHILL ROAD
WEST PALM BEACH FL 33407**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMORE, DAWNA L	
STREET ADDRESS	6840 N. HAVERHILL ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITEMORE, ALANNA L	
STREET ADDRESS	3840 N HAVERHILL RD	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAMORE, ALANNA L	
STREET ADDRESS	6840 N. HAVERHILL ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL	
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	<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	
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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 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: *Alanna L. Whitmore V. Pres.* *1/22/07 561-748-7595*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #