

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 # P9200000231

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 #
 Suite, Apt. #, etc.

3. Mailing Address
6182 Leslie St
 Suite, Apt. #, etc.

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33458 Country
FL

6. Name and Address of Current Registered Agent
**WHITTEMORE, 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)



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0375412** Applied For
 Not Applicable

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LAMORE, DAWNA L 6840 N. HAVERHILL ROAD WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WITTEMORE, ALANNA L 3840 N HAVERHILL RD WEST PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
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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: *Alanna L. Whittemore V. Pres.* *1/22/07* *561-748-7595*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #