


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90058 009 ***150.00

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| DOCUMENT # P93000010730 |  |
| 1. Entity Name BARRETT, INC. | |

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| Principal Place of Business 1668 DOCKSIDE DRIVE ORANGE PARK, FL 32003 | Mailing Address PO BOX 8329 FLEMING ISLAND, FL 32006 |
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40004034



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| 2. Principal Place of Business 1793 Holly Flower Lane | 3. Mailing Address P. O. Box 8329 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01062005 Chg-P CR2E034 (10/03)

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| City & State Orange Park, FL | City & State Fleming Island, FL |
| Zip 32003 | Country USA |
| Zip 32006 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 57-0970674 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KATZ, HARRY JR 337 EAST FORSYTH STREET JACKSONVILLE, FL 32202 | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARRESI, JOSEPH J 1668 DOCKSIDE DE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARRESI, JOSEPH J 1793 HOLLY FLOWER LANE ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BARRESI, J. SCOTT 1644 BRANDON HALL DR DUMWOODY, GA 30350 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BARRESI, J. SCOTT 1793 HOLLY FLOWER LANE ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SERDA, DEBORAH L 1220 STERN WAY ORANGE PARK, FL 32003 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SERDA, DEBORAH L. 1956 BLUE-BONNET WAY ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BARRESI, PRISCILLA 1668 DOCKSIDE DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BARRESI, PRISCILLA 1793 HOLLY FLOWER LANE ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph Barresi **JOSEPH BARRESI, JR** 904 412/05 269 0281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #