

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 14, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P93000010730**

1. Entity Name  
**BARRETT, INC.**



Principal Place of Business  
**1793 HOLLY FLOWER LANE  
ORANGE PARK, FL 32003**

Mailing Address  
**PO BOX 8329  
FLEMING ISLAND, FL 32006**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-0970674**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KATZ, HARRY JR  
337 EAST FORSYTH STREET  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U000000781243  
01/15/08-80026-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BARRESI, JOSEPH J
STREET ADDRESS	1793 HOLLY FLOWER LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	V
NAME	BARRESI, J. SCOTT
STREET ADDRESS	1793 HOLLY FLOWER LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	V
NAME	SERDA, DEBORAH L
STREET ADDRESS	1956 BLUE BONNET WAY
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	ST
NAME	BARRESI, PRISCILLA
STREET ADDRESS	1793 HOLLY FLOWER LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-904-269-0281**