


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000020770	
1. Entity Name BARNES/BROOKSHIRE ENTERPRISES, INC.	

Principal Place of Business 9342 OLD BAYMEADOWS RD JACKSONVILLE, FL 32256	Mailing Address 7586 OLD KINGS RD. S. JACKSONVILLE, FL 32217-3708
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3168968	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	
BROOKSHIRE, JAMES F 7586 OLD KINGS RD. S. JACKSONVILLE, FL 32217-3708	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

check # 10737 4/27/06
FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, PATRICIA A 7586 OLD KINGS RD. S. JACKSONVILLE, FL 322173708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKSHIRE, JAMES F 7586 OLD KINGS RD. S. JACKSONVILLE, FL 322173708	
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05/13/06-80096-011 150.00

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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: <i>Patricia Barnes Brookshire</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-27-06 (904) 733-8286 <small>Date Daytime Phone #</small>