


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90266 026 \*\*\*150.00

<b>DOCUMENT # P93000022009</b>			
1. Entity Name <b>GARY BARNHART CONSTRUCTION, INC.</b>			
Principal Place of Business <b>11311 N EDISON AVE TAMPA FL 33612</b>		Mailing Address <b>PO BOX 291511 TAMPA FL 33687</b>	
2. Principal Place of Business <b>11311 N EDISON AVE</b>		3. Mailing Address <b>ABOVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State	
Zip <b>33612</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BARNHART, GARY 8725 DEL REY COURT TAMPA FL 33617</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARNHART, GARY 11311 N EDISON AVE TAMPA FL 33612</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>GARY L. BARNHART</b>		Date <b>4/26/04</b> Daytime Phone # <b>813 9337783</b>	