

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000028590

1. Entity Name
BARNETT-PARTIN PLANTS, INC.



Principal Place of Business

1400 CR 830A
FELDA, FL 33930 US

Mailing Address

PO BOX 340
IMMOKALEE, FL 34143



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0407960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTIN, JACK
1400 CR 830A
FELDA, FL 33930

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

DATE

**ATTACH
CHECK**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$8.75 Fee
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARNETT, OVID
STREET ADDRESS 1400 CR 830A
CITY-ST-ZIP FELDA, FL

TITLE P
NAME PARTIN, JACK
STREET ADDRESS 1400 CR 830A
CITY-ST-ZIP FELDA, FL

TITLE VP
NAME BARNETT, OVID R JR
STREET ADDRESS 1400 CR 830A
CITY-ST-ZIP FELDA, FL

TITLE ST
NAME BARNETT, SUE
STREET ADDRESS 1400 C.R. 830A
CITY-ST-ZIP FELDA, FL 33930

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000218724
03/28/05-80037-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-05