

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 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
**PQ BOX 340
IMMOKALEE, FL 34143**



03022006 No Chg-P CR2E034 (11/05)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000471905
03/29/06-80014-025 150.00**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 8636751394

Date

Daytime Phone #