


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000068086	
1. Entity Name BAREWOOD OUTLET, INC.	

Principal Place of Business 808 SOUTH DALE MABRY UNIT D TAMPA FL 33609 US	Mailing Address 7322 W WATERS AVE TAMPA FL 33634 US
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E034 (11/03)

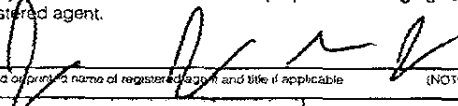
4. FEI Number 59-3268637	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

GRACE, JOSEPH JR. 7322 WEST WATERS AVE. TAMPA FL 33624	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL 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  DATE **1/29/04**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating)

FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
----------------------------	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP DPS GRACE, JOSEPH J JR. 7322 WEST WATERS AVE. TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP U00000027377 02/03/04-80044-008 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP DV GRACE, ROBIN C 7322 WEST WATERS AVE. TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR