

2004 FOR PROFIT CORPORATION  
✓ ANNUAL REPORT

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000009934

1. Entity Name  
LAWRENCE A. BARKETT, P.A.



Principal Place of Business  
2175 20TH STREET  
VERO BEACH, FL 32960

Mailing Address  
2175 20TH STREET  
VERO BEACH, FL 32960



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0553997

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BARKETT, LAWRENCE A  
2175 20TH STREET  
VERO BEACH, FL 32960

**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 when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000072844  
03/02/04-80011-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKETT, LAWRENCE A 2175 20TH STREET VERO BEACH, FL 32960
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**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

LAWRENCE A BARKETT

2/26/04

Date

Daytime Phone # \_\_\_\_\_