

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000010670

1. Entity Name
BARRIELS DEVELOPMENT, INC.



Principal Place of Business

1309 SE 25 LOOP
SUITE 103
OCALA, FL 34471

Mailing Address

1309 SE 25 LOOP
SUITE 103
OCALA, FL 34471



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3298488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRINEAU, DIANE
1309 SE 25 LOOP
SUITE 103
OCALA, FL 34471

**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

U00000121250
04/20/04-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARRINEAU, DIANE
STREET ADDRESS 1309 SE 25 LOOP STE 103
CITY-ST-ZIP Ocala, FL 34471

TITLE VD
NAME DANIELS, JOHN P
STREET ADDRESS 1309 SE 25 LOOP STE 103
CITY-ST-ZIP Ocala, FL 34471

TITLE SD
NAME BARRINEAU, REGINALD M
STREET ADDRESS 1309 SE 25 LOOP STE 103
CITY-ST-ZIP Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Diane Barrineau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 352 622 3133
Date Daytime Phone #