



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000010670 1. Entity Name BARRIELS DEVELOPMENT, INC.	
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Principal Place of Business 1309 SE 25 LOOP SUITE 103 OCALA, FL 34471	Mailing Address 1309 SE 25 LOOP SUITE 103 OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE


03212005 No Chg-P CR2E034 (10/03)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRINEAU, DIANE 1309 SE 25 LOOP STE 103 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIELS, JOHN P 1309 SE 25 LOOP STE 103 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRINEAU, REGINALD M 1309 SE 25 LOOP STE 103 OCALA, FL 34471
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03/22/05-80001-011 150.00
**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: Diane Barrineau (DIANE BARRINEAU) 3/21/05 352 4223133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #