


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
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



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3298488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent BARRINEAU, DIANE 1309 SE 25 LOOP SUITE 103 OCALA, FL 34471	
--	--

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000722342 05/02/07-80028-016 150.00
---	--	---

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	S DANIELS, BERRY D 1309 SE 25 LOOP 103 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: Diane Barrineau 4/18/07 352 622 3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DIANE BARRINEAU