

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000003884

1. Entity Name  
THREE BUOYS, INC.



Principal Place of Business

3111 CARDINAL DR  
VERO BEACH, FL 32963

Mailing Address

3111 CARDINAL DR  
VERO BEACH, FL 32963

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3376699

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

O'HAIRE, MICHAEL  
3111 CARDINAL DR  
VERO BEACH, FL 32963

**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, 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 D  
NAME BARNARD, DOUGLAS F  
STREET ADDRESS 121 S SHORE CIRCLE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D  
NAME BARNARD, RICHARD F  
STREET ADDRESS 5 SPRINGWOOD LANE  
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE D  
NAME BARNARD, ROBERT F  
STREET ADDRESS 2420 19TH ST NW  
CITY-ST-ZIP WASHINGTON, DC 20009

TITLE D  
NAME BARNARD, THOMAS E  
STREET ADDRESS 10 THE BUTTER CHURN  
CITY-ST-ZIP SIMSBURY, CT 06070

TITLE D  
NAME BARNARD, HELEN G  
STREET ADDRESS 200 E 33RD ST  
CITY-ST-ZIP NEW YORK, NY 10016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000264960  
03/16/05-80036-011 150.00

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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)(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

DOUGLAS F. BARNARD

Date

Daytime Phone #