

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000062579 1. Entity Name BARNHILL ENTERPRISES, INC.					
Principal Place of Business 17525 NORTHWEST 240 STREET OKEECHOBEE FL 34972			Mailing Address 17525 NORTHWEST 240 STREET OKEECHOBEE FL 34972		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0767996	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☐ Delete BARNHILL, DONI P 17525 NORTHWEST 240 STREET OKEECHOBEE FL 34972			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1100000461740 03/21/06-80003-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ☐ Delete BARNHILL, WADE D 17525 NORTHWEST 240 STREET OKEECHOBEE FL 34972			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WADE BARNHILL **WADE BARNHILL** **3-6-06** **863-467-6241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #