

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90247 015 \*\*\*150.00

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|   |  |   |   |  |                             |
|---|--|---|---|--|-----------------------------|
| <b>DOCUMENT # P97000089150</b><br>1. Entity Name<br><b>BARRETT SUPPLY, INC.</b>   |  |   |   |  |                             |
| Principal Place of Business<br><b>6900 PHILLIPS HIGHWAY<br/>SUITE 18<br/>JACKSONVILLE, FL 32216</b>   |  |   | Mailing Address<br><b>6900 PHILLIPS HIGHWAY<br/>SUITE 18<br/>JACKSONVILLE, FL 32216</b> |  |                             |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |                             |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |                             |
| City & State  |  | City & State  |   |  |                             |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>59-3484023</b>         |                             |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/>    |                             |
|   |  |   |   | Not Applicable<br><input type="checkbox"/> |                             |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |  |                             |
| <b>HOLBROOK, H. LEON<br/>ONE INDEPENDENT DRIVE<br/>SUITE 2301<br/>JACKSONVILLE, FL 32202</b>  |  |   | Name<br><b>H. LEON HOLBROOK, III</b>  |  |                             |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>ONE INDEPENDENT DRIVE</b>      |  |                             |
|   |  |   | <b>SUITE 2301</b>   |  |                             |
|   |  |   | City<br><b>JACKSONVILLE</b>   |  | FL Zip Code<br><b>32202</b> |
| 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<br>   |  |   | DATE<br><b>4-20-05</b>  |  |                             |
| Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |   |   |  |                             |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>     |                             |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>HUSTUS, TRISHA<br/>6661 ORIOLE AVE<br/>JACKSONVILLE, FL 32216</b>         | <input type="checkbox"/> Delete   |   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><b>BARRETT, ANDREW<br/>15428 PLANTATION OAKS DR., #7<br/>TAMPA, FL 33647</b>  | <input type="checkbox"/> Delete   |   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br><b>BARRETT, WALTER L<br/>8571 ROYAL WOOD DRIVE<br/>JACKSONVILLE, FL 32256</b> | <input type="checkbox"/> Delete   |   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>BARRETT, HELEN S<br/>8571 ROYAL WOOD DRIVE<br/>JACKSONVILLE, FL 32256</b>  | <input type="checkbox"/> Delete   |   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |  |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |  |                             |
| 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. |  |   |   |  |                             |
| <b>SIGNATURE:</b><br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date<br><b>4/19/05</b>  |  |                             |
|   |  |   | Daytime Phone #<br><b>904-296-1041</b>  |  |                             |