

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089150

Entity Name: BARRETT SUPPLY, INC.

FILED  
May 03, 2006  
Secretary of State

**Current Principal Place of Business:**

6900 PHILLIPS HIGHWAY  
SUITE 18  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6900 PHILLIPS HIGHWAY  
SUITE 18  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3484023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLBROOK, H LEON III  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HUSTUS, TRISHA  
Address: 6661 ORIOLE AVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: BARRETT, ANDREW  
Address: 15428 PLANTATION OAKS DR., #7  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: BARRETT, WALTER L  
Address: 8571 ROYAL WOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P ( ) Delete  
Name: BARRETT, HELEN S  
Address: 8571 ROYAL WOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISHA HUSTUS

VP

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date