

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90046 021 ***150.00

DOCUMENT # P97000106026

1. Entity Name
BARRINEAU ESTATE, INC.



Principal Place of Business
1840 COBLEY DRIVE
PENSACOLA, FL 32503

Mailing Address
1840 COBLEY DRIVE
PENSACOLA, FL 32503

40061100



04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-3482618

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBI, JEAN B
1840 COBLEY DRIVE
PENSACOLA, FL 32503

Name **WILLIAM R. MACKAY**

Street Address (P.O. Box Number is Not Acceptable)

5775 BARRINEAU LANE

City **MOLINO**

FL Zip Code **32577**

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 *William R. Mackay, William R. Mackay*

4-09-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME JACOBI, JEAN B
STREET ADDRESS 1840 COBLEY DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME MACKAY, WILLIAM R
STREET ADDRESS 5775 BARRINEAU LANE
CITY-ST-ZIP MOLINO, FL 32577

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *William R. Mackay, William R. Mackay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-07

Date
Daytime Phone #

850-587-5752