


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000022989 1. Entity Name BARRETT ENTERPRISES, INC.	
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Principal Place of Business 1630 SE FEDERAL HWY STUART, FL 34994	Mailing Address 1630 SE FEDERAL HWY STUART, FL 34994
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09242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCNICHILLOS, MICHAEL J ESQ. 320 WEST OCEAN BLVD. STUART, FL 34994

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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 <u><i>Dean R Barrett</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small>	DATE <u>9-1-04</u>

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P BARRETT, DEAN 519 S RIVERPOINT DR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST BARRETT, NOVANNA 519 S RIVERPOINT DR STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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09/27/04-80002-006 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Dean Barrett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>9-1-04</u> 772 Daytime Phone # <u>223-1978</u>