

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022989

Entity Name: BARRETT ENTERPRISES, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1630 SE FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1630 SE FEDERAL HWY  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 65-0821967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNICHILLOS, MICHAEL J ESQ.  
320 WEST OCEAN BLVD.  
STUART, FL 34994 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: P ( ) Delete  
Name: BARRETT, DEAN  
Address: 519 S RIVERPOINT DR  
City-St-Zip: STUART, FL 34994

Title: ST ( ) Delete  
Name: BARRETT, NOVANNA  
Address: 519 S RIVERPOINT DR  
City-St-Zip: STUART, FL 34994

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

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 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: DEAN BARRETT

PRES

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date