

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000085990

1. Entity Name
BARNETT & PUGLIANO, INC.



Principal Place of Business
200 2ND AVENUE SOUTH
ST PETERSBURG, FL 33701

Mailing Address
200 2ND AVENUE SOUTH
ST PETERSBURG, FL 33701



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535103 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PUGLIANO, JOSEPH M
701 MIRROR LAKE DR., N #308
ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PUGLIANO, JOSEPH M
STREET ADDRESS 701 MIRROR LAKE DR. NORTH #308
CITY-ST-ZIP ST. PETERSBURG, FL 33761

TITLE D
NAME BARNETT, JOHN B
STREET ADDRESS 1926 COFFEE POT BLVD NE
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE
NAME
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CITY-ST-ZIP

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04/01/05-80001-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Date

727-8266075

Daytime Phone #