


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000085990**  
 1. Entity Name  
**BARNETT & PUGLIANO, INC.**



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

**DO NOT WRITE IN THIS SPACE**



03312006    No Chg-P    CR2E034 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

100000488298  
 04/18/06-80011-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLIANO, JOSEPH M 701 MIRROR LAKE DR. NORTH #308 ST. PETERSBURG, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, JOHN B 1926 COFFEE POT BLVD NE ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Joseph M. Pugliano*      Date: 3/31/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #