


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000099973</b> 1. Entity Name <b>BARRETT'S STORE, INC.</b>	
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Principal Place of Business <b>4401 E HWY 98 SANTA ROSA BEACH, FL 32459 US</b>	Mailing Address <b>P.O. BOX 24 PT. WASHINGTON, FL 32454</b>
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04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3560341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GREEN, WILLIAM H 664 BALDWIN AVE. DEFUNIAK SPRINGS, FL 32433</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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>LORRAINE B. MORGAN</u> DATE <u>4/23/04</u> <small>Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-instating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000136931 04/28/04-80102-015 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, LORRAINE B 3629 E HWY 98 SANTA ROSA BCH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, MARIE B 231 MOONEY RD. FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Lorraine B. Morgan</u> , <u>LORRAINE B. MORGAN</u> DATE <u>4/23/04</u> <u>850-231-1948</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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