

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90452 016 \*\*\*150.00

<b>DOCUMENT # P99000059284</b> 1. Entity Name <b>BARKER'S PAINT &amp; DECORATING, INC.</b>					
Principal Place of Business <b>4039 MARINER BLVD SPRING HILL, FL 34609</b>			Mailing Address <b>4039 MARINER BLVD SPRING HILL, FL 34609</b>		
2. Principal Place of Business <b>4023 N. Lecanto Hwy</b>		3. Mailing Address <b>4023 N. Lecanto Hwy</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Beverly Hills, FL</b>		City & State <b>Beverly Hills, FL</b>		4. FEI Number <b>59-3585638</b>	
Zip <b>34465</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKER, RODNEY 5670 S. SHADY OAKS TERR. LECANTO, FL 34461</b>		7. Name and Address of New Registered Agent Name <b>Rodney Barker</b> Street Address (P.O. Box Number is Not Acceptable) <b>4023 N. Lecanto Hwy</b> City <b>Beverly Hills</b> <b>FL</b> Zip Code <b>34465</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARKER, RODNEY 2110 NW 15TH ST. CRYSTAL RIVER, FL 34428</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, 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.					
<b>SIGNATURE: <u>Rodney Barker</u> Rodney Barker 4/6/05 352-746-2353</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					