


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90061 017 ***150.00

DOCUMENT # P99000086318					
1. Entity Name EDWARD J. BARNHILL, INC.					
Principal Place of Business ROUTE 2, BOX 2090 MAYO, FL 32066			Mailing Address ROUTE 2, BOX 2090 MAYO, FL 32066		
2. Principal Place of Business		3. Mailing Address P.O. Box 310			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Horseshoe Beach, FL		4. FEI Number 59-3604811	
Zip		Country		Applied For Not Applicable	
Zip 32648		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNHILL, EDWARD J ROUTE 2, BOX 2090 MAYO, FL 32066			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, EDWARD J ROUTE 2, BOX 2090 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, KAREN S ROUTE 2, BOX 2090 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, KAREN S ROUTE 2, BOX 2090 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, KAREN S ROUTE 2, BOX 2090 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, KAREN S ROUTE 2, BOX 2090 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, KAREN S ROUTE 2, BOX 2090 MAYO, FL 32066		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 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: <i>Karen Beechler</i>			4/13/04 386-294-2173		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		