

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90045 030 \*\*\*150.00

**DOCUMENT # V62494**

1. Entity Name

**BARROWS KEARNEY DESIGN GROUP, INC.**



Principal Place of Business

**503 NORTH CAROLINA DR  
STUART, FL 34994 US**

Mailing Address

**503 NORTH CAROLINA DR  
STUART, FL 34994 US**



07142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0358500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEARNEY, DEBBIE  
503 NORTH CAROLINA DR  
STUART, FL 34994**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **KEARNEY, DEBBIE**  
STREET ADDRESS **503 NORTH CAROLINA DRIVE**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE **VP**  
NAME **KEARNEY, RUSSELL**  
STREET ADDRESS **503 NORTH CAROLINA DRIVE**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/13/07 772 219-4150**



ATTACHMENT  
40127019  
# V62492/

July 13, 2007

Florida Dept. of State  
Secretary of State  
Divisions of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

Dear Sir/Madam,

Enclosed is Barrows Kearney Design Group's 2007 Annual Report Form and payment.

My apologies for the late submission. The notice form was either never received or  
accidently discarded. I've made a notation in my 2008 calendar to prevent this  
from happening again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deborah Kearney', is written over the printed name.

Deborah Kearney

ADVERTISING &  
GRAPHIC DESIGN  
503 North Carolina Drive  
Stuart, Florida 34994  
Phone: 772-219-4150  
Fax: 772-219-4154