## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2004 08:00 AM DOCUMENT # V65057 Secretary of State 1. Entity Name J.M. BARNEY CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2565 LAGOON CT PO BOX 2463 VERO BEACH FL 32961 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0359316 Not Applicable Ζįρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDERSON, STEVE L. Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND VERO BEACH FL 32963 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. DP (PRE) 197 THE PARTY OF THE P SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE BARNEY, JUAN M. NAME UQQQQQ048804 NAME STREET ADDRESS 817 BEACHLAND STREET ADDRESS 02/12/04-80095-012 150.00 CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Delete THLE Change Addition TITLE BARNEY, STEPHANIE L. NAME NAME STREET ADDRESS 817 BEACHLAND STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- Z(P CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP

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

JUAN M. BARNEY 2/9/04

ith all other like empowered.

changed, or on an atta

SIGNATUR

**FILED**