

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90042 026 ***150.00

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1. Entity Name
BARNETT MILLWORKS, INC.



Principal Place of Business

**4915 ISLAND ROAD
PO BOX 389
THEODORE, AL 36590**

Mailing Address

**4915 ISLAND ROAD
PO BOX 389
THEODORE, AL 36590**

40004925



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0339935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONG, JAMES WINDELL
8451 BOWMAN AVENUE 7320 Hwy 95A North
PENSACOLA, FL 32514
Molino FL 32577**

**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

James Wendell Long

Signature, typed or printed name of registered agent and title if applicable.

(None: Registered Agent signature required when reinstating)

DATE

1-14-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BARNETT, CHARLES E.
4915 ISLAND ROAD
THEODORE, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARBER, D.E.
4915 ISLAND ROAD
THEODORE, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BARBER, D.E.
4915 ISLAND ROAD
THEODORE, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARNETT, PAUL S.
4915 ISLAND ROAD
THEODORE, AL**

TITLE
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 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:

Paul S. Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.17.05

Date

251-443-7710

Daytime Phone #