

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 838576 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
---	---

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

A. 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
7320 HWY 95A NORTH
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

000000486701
04/13/06-80047-022 150.00

**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 another like empowered

SIGNATURE: Daniel E Barber 3/28/06 251-443-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #