## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24006

FILED Apr 16, 2005 Secretary of State

| Entity Nar                                  | ne: BARBAR   | A & GRA         | CE, INC.       |                 |  |              |  |                 |
|---|--|-----------------|----------------|-----------------|--|--------------|--|-----------------|
| Current Principal Place of Business:        |  |                 |                |                 | New Principal Place of Business:             |              |  |                 |
| 1733 PEAF<br>JACKSON                        | RL ST. N.<br>VILLE, FL 322                             | 206 U\$         | S              |                 |  |              |  |                 |
| Current Mailing Address:                    |  |                 |                |                 | New Mailing Address:                         |              |  |                 |
|   | ASURE COVE<br>VILLE, FL 322                            |                 | S              |                 |  |              |  |                 |
| FEI Number:                                 | 59-2954006   | FEI Nur         | mber Applied F | or() FE         | El Number Not Appl                           | icable ( )   | Certificate of Statu   | s Desired ( )   |
| Name and                                    | Address of C   | urrent F        | Registered A   | gent:           | Name and                                     | Address      | of New Registered A  | lgent:          |
| JACKSON'                                    | ASURE COVE<br>VILLE, FL 322                            | 224 US          |                | t for the purpo | oco of changing if                           | to registers | d office or registered   | agent or both   |
|   | named entity s<br>e of Florida.                        | submits t       | .nis statemeni | nor the purpo   | ose or changing i                            | is registere | ed office or registered  | agent, or both, |
| SIGNATUF                                    |  |                 |                |                 |  |              |  |                 |
|   | Electron   | iic Signat      | ture of Regist | ered Agent      |  |              | Date   |                 |
| OFFICERS AND DIRECTORS:                     |  |                 |                |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |              |  |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SD ()<br>BRIGMAN, JUL<br>2781 TREASUR<br>JACKSONVILLE  | RE COVE L       |                |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |              | () Change () Addition  |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD ()<br>DEVALL, GLOR<br>343 WEST 7TH<br>JACKSONVILLE  | ST              | 06             |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |              | (X) Change ( ) Addition<br>LORIA<br>TH PEARL ST<br>(ILLE, FL 32206 |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | TD ()<br>MAKOWSKI, JO<br>1843 PEARL S'<br>JACKSONVILLE | TREET NO        |                |                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |              | (X) Change ( ) Addition<br>, JOE<br>TH PEARL ST<br>/ILLE, FL 32206 |                 |
| Title:<br>Name:<br>Address:                 | D (X)<br>BOXRUD, STEV<br>2477 SAN PABI                 | ) Delete<br>/EN |                |                 | Title:<br>Name:                              |              | ( ) Change ( ) Addition  |                 |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE BRIGMAN VP 04/16/2005