

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028708

FILED
Jan 19, 2009
Secretary of State

Entity Name: LARRY BARBER & ASSOCIATES, P.A.

Current Principal Place of Business:

65 SOUTH GULF
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

16320 CROAKER RD.
JACKSONVILLE, FL 32226

Current Mailing Address:

65 SOUTH GULF
SANTA ROSA BEACH, FL 32459

New Mailing Address:

16320 CROAKER RD.
JACKSONVILLE, FL 32226

FEI Number: 20-0771318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, THOMAS L JR.
16320 CROAKER ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARBER JR., THOMAS L PRES.
Address: 16320 CROAKER RD.
City-St-Zip: JACKSONVILLE, FL 32226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. BARBER JR.

PRES

01/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date