# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 14, 2008 08:00 A**
**Secretary of State**

DOCUMENT # **P93000055221**

1. Entity Name

BARRY AND ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 150 S.R. 434<br>SUITE 1086<br>ALTAMONTE SPRINGS FL 32714<br>US | 150 S.R. 434<br>SUITE 1086<br>ALTAMONTE SPRINGS FL 32714<br>US |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3206977 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BARRY, MICHAEL J<br>201 WEEPING ELM LANE<br>LONGWOOD FL 32779 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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.

SIGNATURE _____ DATE
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**
**After May 1, 2008 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BARRY, MICHAEL J<br>150 S.R. 434 #1086<br>ALTAMONTE SPRINGS FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | U00000858351<br>04/01/08-80042-005 150.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BARRY, YANIRA L<br>150 SR 434 #1086<br>ALTAMONTE SPRINGS FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, in all other like empowered.

**SIGNATURE:** Michael J Barry MICHAEL J BARRY 3/12/08 407 682-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #