

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 309963

Entity Name: BARBAN INC

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

200 N.E. 10TH AVE.  
P. O. BOX 304  
POMPANO BEACH, FL 33061

**New Principal Place of Business:**

**Current Mailing Address:**

200 N.E. 10TH AVE.  
P. O. BOX 304  
POMPANO BEACH, FL 33061

**New Mailing Address:**

FEI Number: 59-1170218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLATTS,HARRY E  
200 N.E. 10 AVENUE  
POMPANO BEACH, FL 33061      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: PD      ( ) Delete  
Name: PLATTS,HARRY E,  
Address: 200 N.E. 10TH AVE.  
City-St-Zip: POMPANO BEACH, FL

Title: D      ( ) Delete  
Name: PLATTS, RONALD NEAL,  
Address: 1098 CHEYENNE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL

Title: S      ( ) Delete  
Name: PLATTS,BARBARA ANN,  
Address: 200 N.E 10TH AVE.  
City-St-Zip: POMPANO BEACH, FL

Title: D      ( ) Delete  
Name: PLATTS,BARBARA ANN,  
Address: 200 N.E. 10TH AVE.  
City-St-Zip: POMPANO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: HARRY PLATTS

P

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date