

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90068 022 ***150.00

DOCUMENT # 311679

1. Entity Name
BARBEE & BYRD INC



Principal Place of Business

1844 GRACE AVENUE
%JOE BARBEE
FORT MYERS, FL 33901

Mailing Address

1844 GRACE AVENUE
%JOE BARBEE
FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

40007555



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1198717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBEE, JOSEPH
1844 GRACE AVE
FT MYERS, FL 33901

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BARBEE, JOSEPH
STREET ADDRESS 1844 GRACE AVENUE
CITY - ST - ZIP FORT MYERS, FL

TITLE S
NAME BYRD, RACHEL
STREET ADDRESS 1805 JEFFERSON AVENUE
CITY - ST - ZIP FORT MYERS, FL

TITLE TD
NAME BYRD, RACHEL
STREET ADDRESS 1805 JEFFERSON AVE.
CITY - ST - ZIP FORT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 all other like empowered.

SIGNATURE: *Joseph Barbée*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08
Date

239 936-3478
Daytime Phone #