

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364537

FILED
Apr 04, 2005
Secretary of State

Entity Name: BARBER FARMS INC

Current Principal Place of Business:

1233 TAYLOR CREEK RD
P.O. BOX 142
CHRISTMAS, FL 32709 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142
P.O. BOX 142
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 59-1292982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERY, MARGARET
1233 TAYLOR CREEK RD.
CHRISTMAS, FL 32709 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: P () Delete
Name: VICKERY, MARGARET,
Address: 1233 TAYLOR CREEK ROAD
City-St-Zip: CHRISTMAS, FL

Title: ST () Delete
Name: CARPENTER, ELIZABETH,
Address: 3609 PONCEAU ST
City-St-Zip: ORLANDO, FL 32812

Title: V () Delete
Name: CARPENTER, EDWARD
Address: 3609 PONCEAU ST
City-St-Zip: ORLANDO, FL 32812

Title: V () Delete
Name: LINDER, PAUL
Address: 28 E WASHINGTON AVE
City-St-Zip: ORLANDO, FL 32801

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH CARPENTER

ST

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date