2008 FOR PROFIT CORPORATION

FILED Jan 09, 2008 08:00 Al Secretary of State

ANNUAL REPORT				_	Jan 05, 2000 00.0			
DOCU	MENT # 496570				3	Secretary	of St	
1. Entity Nam	ne			l				
BARBER	ELECTRONICS, INC.							
Principal Plac	e of Business	Mailing Address	*					
3801 APALACHEE PARKWAY 3801 APALACHEE PARKWAY								
TALLAHASSE	EE, FL 32311	TALLAHASSEE, FL 32311						
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eration of miles		and the state of	Side and the first	5. Certificate of	f Status Desired	□ \$8.75 Add Fee Require		
33 7 2 140 42	6. Name and Address of Current Ro				AND ALL AND ALE			
	NAME I LABA I							
	WILLIAM I. LACHEE PARKWAY		<u> </u>	DO	NOT WE	RITE		
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				IIV.		TOE,		
					,			
	named entity submits this statement for t	ne purpose of changing its registe	red office or registe	red agent, or both	, in the State of Flori	da. I am familiar with,	and accept	
tne obligat	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered egent and	title if explicable (NOTE Register	red Agent signeture require	d when reinstating)		DATE		
	E NOWIII FEE IS \$150.00	Election Campaign Final Trust Fund Contribution		.00 May Be				
	ay 1, 2008 Fee will be \$550.00		. <u> </u>	360 10 1 868				
10.	OFFICERS AND DI	RECTORS	- da					
TITLE NAME	PD BARBER, WILLIAM I		1	* . *	ี บด้อยออก	77212	£ 15° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10	
STREET ADDRESS	3801 APALACHEE PKWY			,	01/09/08-8		0.00	
CITY-ST-ZIP	TALLAHASSEE, FL			* * . * .			3.	
TITLE	STD			*1 *				
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CITY-ST-ZIP	TALLAHASSEE, FL			, los			in the	
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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.

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION