

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 531352

FILED
Feb 23, 2009
Secretary of State

Entity Name: BAR CONTROLS OF FLORIDA, INC.

Current Principal Place of Business:

180 LYMAN RD
SUITE 120
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 181125
CASSELBERRY, FL 32718 US

New Mailing Address:

FEI Number: 59-1754079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERDMAN, DAVID A
1550 DODD RD.
WINTER PK, FL 32792 US

Name and Address of New Registered Agent:

ERDMAN, DAVID A
3060 KINGFISHER POINT
CHULUOTA, FL 32766 US

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

02/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ERDMAN, DAVID A.,
Address: 1550 DODD RD.
City-St-Zip: WINTER PK, FL

Title: V () Delete
Name: ERDMAN, GARRY L.,
Address: 917 WESSON DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: OAKES, DEBORAH G
Address: 854 N. JERICO DRIVE
City-St-Zip: CASSELBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ERDMAN, DAVID A.,
Address: 3060 KINGFISHER POINT
City-St-Zip: CHULUOTA, FL 32766

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: DEBORAH G. OAKES

Electronic Signature of Signing Officer or Director

S

02/23/2009

Date