

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557720

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BARBER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1514 BERNITA ST.  
JACKSONVILL, FL 32211 US

**New Principal Place of Business:**

1514 BERNITA ST.  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

1514 BERNITA ST.  
JACKSONVILL, FL 32211 US

**New Mailing Address:**

1514 BERNITA ST.  
JACKSONVILLE, FL 32211 US

FEI Number: 59-1795105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BARBER, JOHN W JR  
1514 BERNITA STREET  
JACKSONVILLE, FL 32211 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: VP ( ) Delete  
Name: BARBER JR, JOHN W  
Address: 1514 BERNITA STREET  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: BARBER, DOROTHY C  
Address: 1514 BERNITA STREET  
City-St-Zip: JACKSONVILLE, FL 32211

Title: P ( ) Delete  
Name: BARBER, JOHN W III  
Address: 6445 COUNTY ROAD 208 P  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: DENNY, BRAD M  
Address: 1280 RIBBON ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ST ( ) Delete  
Name: HODGES, DIANNA L  
Address: 5348 SANTA ROSA WAY  
City-St-Zip: JACKSONVILLE, FL 32211

**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:

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: DOROTHY C BARBER

VP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date