

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557720

FILED  
Jan 26, 2011  
Secretary of State

Entity Name: BARBER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1514 BERNITA ST.  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

1514 BERNITA ST.  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY C BARBER

VP

01/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date