2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 668091

Entity Name: BARRY'S ENTERPRISES, INC.

Current Principal Place of Business:

1801 N. WASHINGTON BLVD.
C/O JAMES R BOYER
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1801 N. WASHINGTON BLVD.
C/O JAMES R BOYER
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2005625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, JAMES R.
1800 2ND ST. SUITE 765
SARASOTA, FL 34236 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: FASOLD, BARRY R. JR.,
Address: 1100 IMPERIAL DRIVE #408
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete
Name: FASOLD-SAPP, BETH ANN
Address: 7869 N LEEWYNN DR
City-St-Zip: SARASOTA, FL 34240

Title: ST ( ) Delete
Name: FASOLD, BRAD F.,
Address: 315 BYRN MAWR ISLAND
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete
Name: FASOLD, BARRY R. JR.,
Address: 1100 IMPERIAL DRIVE #408
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: FASOLD - SAPP, BETH, ANN
Address: 7869 N. LEEWYNN DR.
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: FASOLD, BRAD F.,
Address: 315 BYRN MAWR ISLAND
City-St-Zip: BRADENTON, FL 34207

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:

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: BARRY FASOLD JR PRES 01/08/2009

Electronic Signature of Signing Officer or Director Date