2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 692139

Entity Name: BAIRNS' ASSOCIATES, INC.

Current Principal Place of Business:

1460 GULFVIEW DRIVE
SARASOTA, FL 342368420 US

New Principal Place of Business:

Current Mailing Address:

1460 GULFVIEW DRIVE
SARASOTA, FL 342368420

New Mailing Address:

1460 GULFVIEW DRIVE
SARASOTA, FL 342368420 US

FEI Number: 59-2109726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSAY, ELIZABETH G
1460 GULFVIEW DR
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: D ( ) Delete
Name: LINDSAY, DAVID G D
Address: 1940 NORTHGATE BLVD.
City-St-Zip: SARASOTA, FL, FL 34234 US

Title: D ( ) Delete
Name: LINDSAY, ROBERT A D
Address: P.O. BOX 3739
City-St-Zip: SARASOTA, FL 34230 US

Title: DP ( ) Delete
Name: LINDSAY, ELIZABETH G DP
Address: 1460 GULFVIEW DR
City-St-Zip: SARASOTA, FL, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LINDSAY, DAVID G B
Address: 1940 NORTHGATE BLVD.
City-St-Zip: SARASOTA, FL, FL 34234 US

Title: D (X) Change ( ) Addition
Name: LINDSAY, ROBERT A
Address: P.O. BOX 3739
City-St-Zip: SARASOTA, FL 34230 US

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: ELIZABETH G. LINDSAY D 03/05/2009

Electronic Signature of Signing Officer or Director — Date