2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846995

Entity Name: TOM BARROW CO.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2800 PLANT ATKINSON RD. SMYRNA, GA 30080 **Current Mailing Address: New Mailing Address:** 2800 PLANT ATKINSON RD. SMYRNA, GA 30080 FEI Number: 58-1152774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SEYMOUR, TERRY BILLINGS, KEITH 2710 MERCY DRIVE 4211 EMERSON STREET US ORLANDO, FL JACKSONVILLE, FL 32247 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: KEITH BILLINGS 01/03/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BARROW, TOM, Name: Name: 2800 PLANT ATKINSON RD. Address: Address: City-St-Zip: SMYRNA GA City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: BRAUN, DAVID J Name: 2800 PLANT ATKINSON ROAD Address: Address: SMYRNA, GA City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ (X) Change () Addition SEYMOUR, TERRY SEYMOUR, TERRY Name: Name: 2710 MERCY DRIVE 2710 MERCY DRIVE Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32808 Title: VΡ () Delete Title: () Change () Addition BILLLINGS, KEITH Name: Name: Address: 4211 EMERSON STREET Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32247 Title: Title: () Delete () Change (X) Addition Name: Name: GREEN, ALAN Address: Address: 2055 BEACON MANOR DRIVE City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: () Change (X) Addition KING, MIKE Name: Name: 2710 MERCY DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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.

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SIGNATURE:	DAVID J BRAUN	VP	01/03/2007