2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846995

Entity Name: TOM BARROW CO.

FILED Jan 09, 2008 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:	
2800 PLANT ATKINSON RD. SMYRNA, GA 30080					
Current Mailing Address:			New Mailir	New Mailing Address:	
2800 PLANT ATKINSON RD. SMYRNA, GA 30080					
FEI Number:	58-1152774	FEI Number Applied For ()	I Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BILLINGS, KEITH 4211 EMERSON STREET JACKSONVILLE, FL 32247 US			6950 HIGĤ ¹	BILLINGS, KEITH 6950 HIGHWAY AVENUE, SUITE I JACKSONVILLE, FL 32254 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:				01/09/2008	
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PTD () E BARROW, TOM, 2800 PLANT ATK SMYRNA, GA	Delete INSON RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E BRAUN, DAVID J 2800 PLANT ATK SMYRNA, GA	Delete INSON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E SEYMOUR, TERF 2710 MERCY DR ORLANDO, FL 3	IVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SEYMOUR, TERRY 1958 WEST HAMPSHIRE STREET ORLANDO, FL 32808	
Title: Name: Address: City-St-Zip:	VP () E BILLLINGS, KEIT 4211 EMERSON JACKSONVILLE,	STREET	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BILLLINGS, KEITH 6950 HIGHWAY AVENUE, SUITE I JACKSONVILLE, FL 32254	
Title: Name: Address: City-St-Zip:	VP () E GREEN, ALAN 2055 BEACON M FORT MYERS, F		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GREEN, ALAN 1603 BENCHMARK AVENUE FORT MYERS, FL 33905	
Title: Name: Address: City-St-Zip:	VP () E KING, MIKE 2710 MERCY DR ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition KING, MIKE 1958 WEST NEW HANPHIRE STREET ORLANDO, FL 32808	

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: DAVID J BRAUN CFO 01/09/2008