

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004942

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: BARSON COMPOSITES CORPORATION

## Current Principal Place of Business:

160 SWEET HOLLOW RD.  
OLD BETHPAGE, NY 11804

## New Principal Place of Business:

## Current Mailing Address:

160 SWEET HOLLOW RD.  
OLD BETHPAGE, NY 11804

## New Mailing Address:

FEI Number: 11-2323832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVANOS, NEAL  
504 XANADU PLACE  
JUPITER, FL 33477 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: C ( ) Delete  
Name: BARNARD, TEB  
Address: 160 SWEET HOLLOW RD.  
City-St-Zip: OLD BETHPAGE, NY 11804

Title: VCP ( ) Delete  
Name: BARNARD, DANA  
Address: 25 PASEO DEL VALLEY  
City-St-Zip: SANTA FE, NM 87508

Title: D ( ) Delete  
Name: BARNARD, COLLEEN  
Address: 1950 TUCKAWAY  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: VP ( ) Delete  
Name: GAROFALO, ED  
Address: 160 SWEET HOLLOW RD.  
City-St-Zip: OLD BETHPAGE, NY 11804

Title: S ( ) Delete  
Name: MAXWELL, PHILLIP B.  
Address: 20 HUDSON STREET  
City-St-Zip: OXFORD, MI 48371

Title: T ( ) Delete  
Name: JOHNSON, DONNA  
Address: 160 SWEET HOLLOW RD.  
City-St-Zip: OLD BETHPAGE, NY 11804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCP (X) Change ( ) Addition  
Name: BARNARD, DANA  
Address: 25 PASEO DEL VALLE  
City-St-Zip: SANTA FE, NM 87508

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: DONNA JOHNSON

T

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date