## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

JOCUMENT # F46646

1. Entity Name BARRINGTON REALTY, INC.

**FILED** Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

8680 COMMODITY CIRCLE ORLANDO, FL 32819

Mailing Address

8680 COMMODITY CIRCLE ORLANDO, FL 32819



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01172007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2146149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE

**STE 101** ORLANDO, FL 32819

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		**	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, NANCY L 8680 COMMODITY CIRCLE ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LINDEN, DEBORAH L 8680 COMMODITY CIRCLE ORLANDO, FL 32819				U00000604833 01/30/07-80011-025 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					

12. I hereby certify that the information supplied with this filing does not availify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that my 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 of trustee empowered to present a required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachnology in a reference with all ophospher angular and the component of the corporation of the corporation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR