

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 014 ***150.00

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04082005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000005927					
1. Entity Name BARBER MILK, INC.					
Principal Place of Business 36 BARBER COURT BIRMINGHAM, AL 35209			Mailing Address 2515 MCKINNEY AVE #1200 DALLAS, TX 75201		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4210352	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, MICHELLE		NAME		
STREET ADDRESS	2515 MCKINNEY AVE, STE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, RICK		NAME		
STREET ADDRESS	2900 BRISTOL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY, TN 376011502		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, LOREN M		NAME		
STREET ADDRESS	2800 BRISTOL HWY.		STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY, TN 376011502		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, ANGELA B		NAME		
STREET ADDRESS	2515 MCKINNEY AVE STE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PATRICK K		NAME		
STREET ADDRESS	2515V MCKINNEY AVE., STE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMBERG, BARRY A		NAME		
STREET ADDRESS	2515 MCKINNEY AVE., STE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Angela B. Miro</u>			Angela B. Miro		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

APR 13 2005

214.303.3644