2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43424

Entity Name: BARNS OF AMERICA INC.

FILED May 01, 2008 Secretary of State

y		or multitory, into.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
10201 NE 232 ST RD. P.O. BOX 203 ORANGE SPRINGS, FL 321827203				10201 NE 232 ST RD. ORANGE SPRINGS, FL 321827203	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX	232 ST RD. 203 SPRINGS, FL	321827203			
FEI Number	: 59-2355771	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
10201 NE	PATRICIA AN 232 ST RD. SPRINGS, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
		93(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	COLLINS, PAT NE 233 ST RD) Delete RICIA, OFF HWY 318 INGS, FL 32182	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLINS, ROI NE 233 ST RD) Delete NALD CONK, LIN OFF HWY 318 INGS, FL 32182	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLINS, RAN 23265 N.E. 10) Delete IDALL CON, KLIN 3 AVE. INGS, FL 32182	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AT () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD C. COLLINS P 05/01/2008

COLLINS, RUSSELL CON, KLIN

LECANTO, FL 34460

227 THAYER AVE., P.O. BOX 299

Name:

Address:

City-St-Zip: