2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43424

Entity Name: BARNS OF AMERICA INC

FILED May 01, 2009 Secretary of State

Entity Na	me: BARNS	OF AMERICA, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	232 ST RD. SPRINGS, FL	321827203		
Current N	/lailing Addre	ss:	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 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	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	gent	Date
		93(2)(b), F.S., the corporation did r	ot receive the prior notice.	
	S AND DIREC	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COLLINS, PAT NE 233 ST RD) Delete FRICIA OFF HWY 318 INGS, FL 32182	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	COLLINS, RO NE 233 ST RD) Delete NALD CONKLIN 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 NDALL CONKLIN 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 05/01/2009

COLLINS, RUSSELL CONKLIN

LECANTO, FL 34460

227 THAYER AVE., P.O. BOX 299

Name:

Address:

City-St-Zip: