

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 035 \*\*\*150.00

<b>DOCUMENT # K34275</b>							
1. Entity Name BARRY SCARR AGENCY, INC.							
Principal Place of Business 8200 113TH ST., SUITE <b>202</b> SEMINOLE, FL 33772			Mailing Address 8200 113TH ST., SUITE <b>202</b> SEMINOLE, FL 33772				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-2915859</b>	Applied For Not Applicable		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
SCARR, BARRY J 8200 113TH ST., SUITE <b>202</b> SEMINOLE, FL 33772			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCARR, BARRY J 8200 113TH ST., SUITE <b>202</b> SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCARR, TONI S 8200 113TH ST., SUITE <b>202</b> SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Toni S. Scarr</u>		Date: <u>4-30-07</u>		Daytime Phone #: <u>727-393-5055</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			