

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90029 024 \*\*\*150.00

**DOCUMENT # L61771**

1. Entity Name  
**BARHA ENTERPRISE, INC.**



Principal Place of Business  
**3540 WEST GRAND RIVER  
HOWELL, MI 48855**

Mailing Address  
**3540 WEST GRAND RIVER  
HOWELL, MI 48855**

**40018803**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**31-1298173**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAIGH, BARBARA R  
305 S HARBOR COURSE DR  
KEY LARGO, FL 33037**

Name

**Timothy N. Thomas, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**99198 Overseas Highway Ste 8**

City **Key Largo, FL 33037**

City **Key Largo**

**FL**

Zip Code  
**33037**

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

*Timothy N. Thomas, P.A.*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/19/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete  
NAME **HAIGH, BARBARA R**  
STREET ADDRESS **305 S HARBOR COURSE DR**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **P** ☐ Delete  
NAME **HAIGH, MATTHEW E**  
STREET ADDRESS **1443 GULLEY ROAD**  
CITY-ST-ZIP **HOWELL, MI 48843**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Change ☐ Addition  
NAME **Haigh, Barbara R.**  
STREET ADDRESS **3540 W. Grand River** **Howell, MI**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Matthew E Haigh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #