

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92615

FILED
Apr 22, 2004
Secretary of State

Entity Name: BARBERA UTILITY CONTRACTING, INC.

Current Principal Place of Business:

P.O. BOX 145
SOUTHERN PINES, NC 28388

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145
SOUTHERN PINES, NC 28388

New Mailing Address:

FEI Number: 59-3117549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENWALL, PETER C. K.
211 NE 1ST STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBERA, LEO
Address: 1835 YOUNGS RD. P.O. BOX 145
City-St-Zip: SOUTHERN PINES, NC 28388

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S () Change (X) Addition
Name: BARBERA, FARLEY
Address: 1835 YOUNGS ROAD, P.O. BOX 145
City-St-Zip: SOUTHERN PINES, NC 28388

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LEO BARBERA

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date