

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002339

FILED
Apr 26, 2005
Secretary of State

Entity Name: KENNETH BARBER & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

2531 SOUTH ADAMS
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6364
TALLAHASSEE, FL 323146364

New Mailing Address:

FEI Number: 59-3625720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, KENNETH
2531 SOUTH ADAMS
TALLAHASSEE, FL 32301 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: BARBER, KENNETH L
Address: 1077 ROCKBROOK COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD () Delete
Name: BARBER, KENTRYCE L
Address: 201 RIDGE ROAD
City-St-Zip: ORLANDO, FL 32310

Title: D () Delete
Name: GLENN, LU BENNIE
Address: 1326 COLORADO ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: DD () Delete
Name: NICHOLSON, CATHERINE S
Address: 2909 PONTIAC
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KENNETH BARBER

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date