


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000112506	
1. Entity Name BARMOR INVESTMENTS, INC.	

Principal Place of Business 730 E. STRAWBRIDGE AVENUE SUITE 200 MELBOURNE, FL 32935	Mailing Address 730 E. STRAWBRIDGE AVENUE SUITE 200 MELBOURNE, FL 32935
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3685182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CLAY D
 730 E. STRAWBRIDGE AVENUE
 SUITE 200
 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORGAN, CLAY D
STREET ADDRESS	730 E. STRAWBRIDGE AVENUE SUITE 200
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V
NAME	BARBARY, PATRICK
STREET ADDRESS	730 E. STRAWBRIDGE AVENUE SUITE 200
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

04/15/08-80065-025-150.00

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: Morgan Morgan Date: 4-2-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #