

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017853

FILED
Feb 11, 2009
Secretary of State

Entity Name: BARKER SPECIALTIES OF FLORIDA, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE-SUITE 115
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

27 REALTY DR
CHESHIRE, CT 06410

New Mailing Address:

FEI Number: 65-1078619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, DAVID
215 CELEBRATION PLACE-SUITE 115
CELEBRATION, FL 34747 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: D () Delete
Name: BARKER, GERALD
Address: 68 TROUT BROOK ROAD
City-St-Zip: CHESHIRE, CT 06410

Title: D () Delete
Name: BARKER, STEVEN
Address: 42 VERDERAME COURT
City-St-Zip: SOUTHLINGTON, CT 06489

Title: D () Delete
Name: BARKER, HERBERT
Address: 3535 SOUTH OCEAN DR - #2201
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: BARKER-ANCTIL, ADRIENNE
Address: 8391 RIVERDALE LANE-UNIT#10314
City-St-Zip: CHAMPIONSGATE, FL 33896

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 exemption stated 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 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: GERALD BARKER

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date