

APPROV.  
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FILED

06 APR 28 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000078356</b>				06 APR 28 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FL 32301	
1. Entity Name <b>BARRY'S PODJO, INC.</b>					
Principal Place of Business <b>522 SILVER SLIPPER LANE TALLAHASSEE, FL 32303</b>		Mailing Address <b>PO BOX 40 CRAWFORDVILLE, FL 32326</b>			
2. Principal Place of Business <b>177 Lonesome Rd</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-P CR2E034 (11/05)	
City & State <b>Crawfordville, FL</b>		City & State		4. FEI Number <b>11-3695316</b>	
Zip <b>32327</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BARRY, JOSEPH C JR 2140-C CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b>				7. Name and Address of New Registered Agent Name <b>Joseph C. Barry, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>177 Lonesome Road</b> City <b>CRAWFORDVILLE</b> FL Zip Code <b>32327</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE <b>4-27-06</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>BARRY, JOSEPH C JR</b> STREET ADDRESS <b>PO BOX 40</b> CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32326</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>300073985373 05/04/06--01016--014 **150.00</b>	
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>BARRY, BETTY G</b> STREET ADDRESS <b>PO BOX 40</b> CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32326</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>GREEN, CLARA L</b> STREET ADDRESS <b>28 AHEE LANE</b> CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32326</b>				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>DONALD C Henderson</b> STREET ADDRESS <b>54 ELBERTA CT.</b> CITY-ST-ZIP <b>PANACEA, FL 32376</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>4-27-06</b> Daytime Phone #	

4/28a