

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127380

Entity Name: DEXTER BARBER BUILDERS INC.

FILED  
Jul 10, 2007  
Secretary of State

## Current Principal Place of Business:

10490 NW SCHMARJE LN  
BRISTOL, FL 32321 US

## New Principal Place of Business:

## Current Mailing Address:

10490 N.W. SCHMARJE LN  
BRISTOL, FL 32321 US

## New Mailing Address:

FEI Number: 20-0499431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBER, HOMER D  
10490 NW SCHMARJE LN.  
BRISTOL, FL 32321 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARBER, HOMER D  
Address: 10490 NW SCHMARJE LANE  
City-St-Zip: BRISTOL, FL 32321 US

Title: VP ( ) Delete  
Name: FLOWERS, JEROME  
Address: 10534 NW SCHMARJE LANE  
City-St-Zip: BRISTOL, FL 32321 US

Title: ST ( ) Delete  
Name: BARBER, GABRA  
Address: 10490 NW SCHMARJE LANE  
City-St-Zip: BRISTOL, FL 32321 US

Title: D ( ) Delete  
Name: MAYO, JERRY A  
Address: 20757 NE KELLY ST.  
City-St-Zip: BLOUNTSTOWN, FL 32424 FL

## 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: HOMER D BARBER

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

Date