

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 29, 2007 08:00 AM

Secretary of State

DOCUMENT # P03000135549

1. Entity Name
BARLOW ELECTRIC COMPANY



Principal Place of Business
213 TRUMAN ST
B
FT WALTON BCH, FL 32547

Mailing Address
213 TRUMAN ST
B
FT WALTON BCH, FL 32547



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0956737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARLOW, LOWELL T
213 TRUMAN ST
B
FT WALTON BCH, FL 32547

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000806365
01/30/07-80074-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARLOW, LOWELL T
205 NE OPP BLVD
FT WALTON BCH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARLOW, LOWELL T JR
2744 OLA BROXSON RD
NAVARRE, FL 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell T. Barlow

Date

Daytime Phone #

(850)

862 7310