

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153455

1. Entity Name
DONALD C. BARBEE INC.



FILED
Mar 17, 2008 08:00 AM
Secretary of State

Principal Place of Business
1515 OVERLAND DRIVE
SPRING HILL, FL 34608

Mailing Address
1515 OVERLAND DRIVE
SPRING HILL, FL 34608



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0550234	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

BARBEE, DONALD C
1515 OVERLAND DRIVE
SPRING HILL, FL 34608

**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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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	D
NAME	BARBEE, DONALD C
STREET ADDRESS	1515 OVERLAND DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34608

TITLE	D
NAME	BARBEE, NANCY L
STREET ADDRESS	1515 OVERLAND DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/02/08-80039-014 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD C. BARBEE PRES 3/14/08 352-666-0460