

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000019542

Entity Name: BARRS PLUMBING, INC

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

476 SW BARRS GLEN  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

476 SW BARRS GLEN  
LAKE CITY, FL 32024

**New Mailing Address:**

FEI Number: 20-0758475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRS, MARK  
476 BARRS GLEN  
LAKE CITY, FL 32024 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRS, MARK  
Address: 476 SW BARRS GLN.  
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete  
Name: BARRS, CODY  
Address: 476 SW BARRS GLN  
City-St-Zip: LAKE CITY, FL 32024

Title: S ( ) Delete  
Name: BARRS, KATHY  
Address: 476 SW BARRS GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: T (X) Delete  
Name: BARRS, CHASE  
Address: 476 SW BARRS GLEN  
City-St-Zip: LAKE CITY, FL 32024

**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: KATHY BARRS

SECR

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date