

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90104 042 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000022337**

1. Entity Name  
THEODORE BARBER AND COMPANY, INC.



**50025709**



Principal Place of Business 801 WEST BAY DRIVE SUITE 204 LARGO, FL 33770		Mailing Address 801 WEST BAY DRIVE SUITE 204 LARGO, FL 33770	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - DURHAM, JOHN C 801 WEST BAY DRIVE SUITE 204 LARGO, FL 33770		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, THEODORE 1102 KENSINGTON COURT SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 WEST BAY DR., #204 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLECKNER, JULIE 1102 KENSINGTON COURT SAFETY HARBOR, L 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 WEST BAY DRIVE, #204 LARGO, FL 33770
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		3/7/05 Date Daytime Phone #	