

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000066649

Entity Name: BARR TECHNOLOGY, INC.

FILED
Oct 05, 2005
Secretary of State

Current Principal Place of Business:

361 24TH AVENUE NW
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

361 24TH AVENUE NW
NAPLES, FL 34120

New Mailing Address:

P.O. BOX 11624
NAPLES, FL 34101

FEI Number: 20-3345542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMISON, JENNIFER A ESQ.
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

BARR, TARA L
361 24TH AVE NW
NAPLES, FL 34120 US

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: TARA L. BARR

10/05/2005

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: D () Delete
Name: BARR, CHRISTOPHER T
Address: 361 24TH AVENUE NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: BARR, TARA T
Address: 361 24TH AVENUE NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: BARR, JACQUELYNE
Address: POST OFFICE BOX 2133
City-St-Zip: NAPLES, FL 34106

Title: D () Delete
Name: SCHEEDY, DONALD
Address: 4 BLUEBIRD TERRACE
City-St-Zip: CASTLETON, NY 12033

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: D (X) Change () Addition
Name: SHEEDY, DONALD
Address: 13 CHARLIE ST.
City-St-Zip: CASTLETON, NY 12033

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TARA L BARR

CFO

10/05/2005

Electronic Signature of Signing Officer or Director

Date