

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159243

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: BARROW'S SERVICES INC,

**Current Principal Place of Business:**

948 HWY 29 SOUTH  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 32  
CANTONMENT, FL 32533 US

**New Mailing Address:**

FEI Number: 59-3551809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSSELL, MARTHA B  
948 HWY 29 SOUTH  
CANTONMENT, FL 32533 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUSSELL, MARTHA B  
Address: 948 HWY 29 SOUTH  
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP (X) Delete  
Name: GOODMAN, KAREN A  
Address: 2885 ANGUS CIRCLE  
City-St-Zip: MOLINO, FL 32577 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARTHA B RUSSELL

P

04/22/2006

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

\_\_\_\_\_  
Date