

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000009589

Entity Name: ATA-BARB, INC.

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2045 NORTH BEACH ROAD  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

2045 NORTH BEACH ROAD  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

FEI Number: 20-2270949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARBER, ANDREA L  
2045 NORTH BEACH ROAD  
ENGLEWOOD, FL 34223 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: SPD  
Name: BARBER, ANDREA LYNN  
Address: 2045 NORTH BEACH ROAD  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VPTD  
Name: BARBER, WILLIAM L  
Address: 2045 NORTH BEACH ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: ANDREA L. BARBER

PRES

06/17/2010

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

\_\_\_\_\_  
Date