

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134224

FILED
Apr 29, 2009
Secretary of State

Entity Name: BARBARA HAGINS DISABILITY SERVICE PROVIDER, INC.

Current Principal Place of Business:

12798 SW 50TH TERR.
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

12798 SW 50TH TERR.
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 20-3570829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGINS, BARBARA
1830 SW 130TH STREET ROAD
OCALA, FL 34473 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: HAGINS, BARBARA C
Address: 1830 SW 130TH STREET ROAD
City-St-Zip: OCALA, FL 34473 US

Title: VP () Delete
Name: HAGINS, ROBERT J
Address: 1830 SW 130TH STREET ROAD
City-St-Zip: OCALA, FL 34473 US

Title: S () Delete
Name: HAGINS, BARBARA C
Address: 1830 SW 130TH STREET ROAD
City-St-Zip: OCALA, FL 34473 US

Title: T () Delete
Name: HAGINS, BARBARA C
Address: 1830 SW 130TH STREET ROAD
City-St-Zip: OCALA, FL 34473 US

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: BARBARA HAGINS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date