


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90021 024 ***150.00

DOCUMENT # P06000012110	
1. Entity Name BARBARA'S UPHOLSTERY, INC.	

Principal Place of Business 13537 GRANVILLE AVENUE, SUITE 5 CLERMONT, FL 34711	Mailing Address 13537 GRANVILLE AVENUE, SUITE 5 CLERMONT, FL 34711
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2. Principal Place of Business - No P.O. Box # 5683 Empire Church Rd Suite, Apt. #, etc.	3. Mailing Address 5683 Empire Church Rd Suite, Apt. #, etc.
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City & State Groveland FL	City & State Groveland FL
Zip 34736	Zip 34736
Country USA	Country USA

6. Name and Address of Current Registered Agent BUDDENHAGEN, BARBARA 5683 EMPIRE CHURCH ROAD GROVELAND, FL 34736	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BUDDENHAGEN, BARBARA 5683 EMPIRE CHURCH ROAD GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Buddenhagen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____