


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 043 ***150.00

DOCUMENT # P06000114180

1. Entity Name
BARROW, POWERS & NOBLE, INC.



Principal Place of Business Mailing Address
256 N. KENTUCKY AVENUE **256 N. KENTUCKY AVENUE**
LAKELAND, FL 33801 US **LAKELAND, FL 33801 US**

900000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
20-5505783 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARROW, TODD N	
STREET ADDRESS	256 N. KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	POWERS, JAMES B	
STREET ADDRESS	256 N. KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	NOBLE, JOHN R	
STREET ADDRESS	256 N. KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BARROW, MICHELLE	
STREET ADDRESS	256 N. KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michelle Barrow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 *863-688-4100*
Date Daytime Phone #