


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90070 012 \*\*\*150.00

DOCUMENT # P07000037268																																																																																																																																			
1. Entity Name <b>BARHOL, INC.</b>																																																																																																																																			
Principal Place of Business <b>5135 DEESON PT BLVD LAKELAND, FL 33805 US</b>			Mailing Address <b>PO BOX 10543 WINTER HAVEN, FL 33885 US</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 2188</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State <b>Winter Haven, FL</b>		4. FEI Number <b>20-8657349</b>																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
Zip <b>33883</b>		Country <b>Polk</b>																																																																																																																																	
6. Name and Address of Current Registered Agent <b>HOLLISTER, LENWOOD M JR 5135 DEESON PT BLVD LAKELAND, FL 33805</b>			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 <u><i>Len M. Hollister Jr.</i></u>				DATE <u>2-20-08</u>																																																																																																																															
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: <u><i>Len M. Hollister Jr.</i></u>				Date <u>2-20-08</u> Daytime Phone # <u>863-291-3505</u>																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			