

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90025 049 \*\*\*150.00

DOCUMENT # P07000039938

1. Entity Name  
NEW BARRIERS INC.



Principal Place of Business  
2729 BEECH GROVE LANE  
WESLEY CHAPEL, FL 33543

Mailing Address  
2729 BEECH GROVE LANE  
WESLEY CHAPEL, FL 33543

40025040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.  
**SAME AS ABOVE**  
City & State

State, Apt. #, etc.  
**SAME AS ABOVE**  
City & State

02022008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8774907**

Applied For  
Not Applicable

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

BOYLES, JAMES  
2729 BEECH GROVE LANE  
WESLEY CHAPEL, FL 33543

7. Name and Address of New Registered Agent

Name  
**N/A**  
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 file 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DPT  
BOYLES, JAMES  
2729 BEECH GROVE LANE  
WESLEY CHAPEL, FL 33543 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
BOYLES, CAROL  
2729 BEECH GROVE LANE  
WESLEY CHAPEL, FL 33543 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP  
LANGE, KENNETH  
5110 GATO DEL SOL CIRCLE  
WESLEY CHAPEL, FL 33544 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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CITY-STATE-ZIP  
☐ Change ☐ 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:

*James Boyles*  
JAMES BOYLES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08  
Date

813-477-5656  
Daytime Phone #