

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90001 014 \*\*\*150.00

<b>DOCUMENT # P07000107657</b> 1. Entity Name <b>BARBERSHOP COINS, INC.</b>					
Principal Place of Business <b>1379 MAIN STREET SARASOTA, FL 34236</b>			Mailing Address <b>P.O. BOX 2458 SARASOTA, FL 34230</b>		
2. Principal Place of Business - No P.O. Box # <b>765 John Ringling Blvd</b> Suite, Apt. #, etc. <b># C-8</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Sarasota, FL</b> Zip <b>34236</b>		City & State  Zip  Country <b>U.S.A.</b>	
4. FEI Number <b>08082008</b>				Chg-P <b>CR2E034 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRASWELL, D. MARCUS JR. 100 MIRACLE MILE SUITE 300 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. (DATE)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>FERRIS, DONNA 765 JOHN RINGLING BLVD., C-8 SARASOTA, FL 34236</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>Donna Ferris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08-12-08 941-320-4945 <small>Date Daytime Phone #</small>		