2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000111376

Entity Name: JUSTIN BARBER INC

Current Principal Place of Business:

8106 DELTA DRIVE
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

8106 DELTA DRIVE
MILTON, FL 32583

New Mailing Address:

FEI Number: 41-2554916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, JUSTIN
8106 DELTA DRIVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARBER, JUSTIN
Address: 8106 DELTA DRIVE
City-St-Zip: MILTON, FL 32583

Title: V ( ) Delete
Name: BARBER, MARIE
Address: 8106 DELTA DRIVE
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: PRICE, JAMES T
Address: 6415 SYCAMORE STREET
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: PACK, BRETT MCRAE
Address: 5720 BRONCO PLACE
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: FURST, CHRISTOPHER P
Address: 7417 EMBERS LANE
City-St-Zip: MILTON, FL 32585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN BARBER P 04/30/2009

Electronic Signature of Signing Officer or Director — Date