

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08414

1. Entity Name

GEORGE W. BARBER COMPANY



FILED

07 FEB -2 AM 9:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

27 INVERNESS CENTER PARKWAY
BIRMINGHAM, AL 39242 US

Mailing Address

27 INVERNESS CENTER PARKWAY
BIRMINGHAM, AL 39242 US



01262007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0640952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

U000000618614
02/08/07-80035-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BARBER, GEORGE W., JR
STREET ADDRESS	27 INVERNESS CENTER PKWY
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	P
NAME	CUNNINGHAM, B. AUSTIN
STREET ADDRESS	27 INVERNESS CENTER PKWY
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	S
NAME	SANFORD, PAUL
STREET ADDRESS	27 INVERNESS CENTER PARKWAY
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07

205-995-9119