2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
01-20-2005 90029 021 ***150.00

DOCUMENT # P09647

1. Entity Name
BARBER CUSTOM BUILDER'S INC.

Principal Place of Business	Mailing Address
807 SOUTH DRIVE #C FT WALTON BCH, FL 32547 US	807 SOUTH DRIVE #C FT WALTON BCH, FL 32547 US

66002275

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1495880
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, DENNIS
807 C SOUTH DRIVE
FT WALTON BCH, FL 32547

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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: Dennis Barber, Pres. DATE: 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBER, DENNIS
STREET ADDRESS	P O BOX 123 N/A
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	VTD
NAME	BARBER, LINDA
STREET ADDRESS	P O BOX 123 N/A
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	SVC
NAME	BARBER, LINDA (ASST)
STREET ADDRESS	P O BOX 123 N/A
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 2/14/05 (850) 862-7629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #