


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90060 008 ***150.00

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|---|---|
| DOCUMENT # P09647 1. Entity Name BARBER CUSTOM BUILDER'S INC. |  |
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|---|---|
| Principal Place of Business 807 SOUTH DRIVE #C FT WALTON BCH, FL 32547 US | Mailing Address 807 SOUTH DRIVE #C FT WALTON BCH, FL 32547 US |
|---|---|

DO NOT WRITE IN THIS SPACE

40023969



02212007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 58-1495880 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARBER, DENNIS 807-C SOUTH DRIVE FT WALTON BCH, FL 32547 |
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**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BARBER, DENNIS P O BOX 123 N/A SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD BARBER, LINDA P O BOX 123 N/A SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVC BARBER, LINDA (ASST) P O BOX 123 N/A SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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: Aunda Barber Linda Barber 2/21/07 850-862-7629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #