

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09647

**FILED**  
**May 17, 2011**  
**Secretary of State**

**Entity Name:** BARBER CUSTOM BUILDER'S INC.

**Current Principal Place of Business:**

807 SOUTH DRIVE #C  
FT WALTON BCH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

807 SOUTH DRIVE #C  
FT WALTON BCH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 58-1495880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARBER, DENNIS  
Address: P O BOX 123 N/A  
City-St-Zip: SHALIMAR, FL 32579

Title: VTD  
Name: BARBER, LINDA  
Address: P O BOX 123 N/A  
City-St-Zip: SHALIMAR, FL 32579

Title: SVC  
Name: BARBER, LINDA (ASST)  
Address: P O BOX 123 N/A  
City-St-Zip: SHALIMAR, FL 32579

I hereby 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 all other like empowered.

SIGNATURE: DENNIS BARBER

D

05/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date