## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000006252

Entity Name: JOHN P. BARBEE, TRUSTEE, P.A.

FRANKLIN, NC 287341993

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 268 BROOKWOOD DR 268 BROOKWOOD DR FRANKLIN, NC 28734 US FRANKLIN, NC 287341993 US **Current Mailing Address: New Mailing Address:** PO BOX 640 VERO BEACH, FL 329610640 US FEI Number: 65-0384532 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARBEE, JOHN P 4738 HOLLY DR PALM BEACH GARDENS, FL 33418 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BARBEE, JOHN P Name: Name: 268 BROOKWOOD DR Address: Address: City-St-Zip: FRANKLIN, NC 287341993 City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition Name: BARBEE, CATHY R Name: 268 BROOKWOOD DR Address: 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: JOHN P BARBEE PTD 03/25/2009