2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010730

SERDA, DEBORAH L

BARRESI, PRISCILLA

1956 BLUE BONNET WAY

ORANGE PARK, FL 32003

1793 HOLLY FLOWER LANE

ORANGE PARK, FL 32003

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: BARRDETT, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1793 HOLLY FLOWER LANE 1793 HOLLY FLOWER LANE ORANGE PARK, FL 32003 FLEMING ISLAND, FL 32003 **Current Mailing Address: New Mailing Address:** PO BOX 8329 FLEMING ISLAND, FL 32006 FEI Number: 57-0970674 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: KATZ, HARRY JR 337 EAST FORSYTH STREET JACKSONVIFLLE, FL 32202 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: (X) Change () Addition BARRESI, JOSEPH J BARRESI, JOSEPH J Name: Name: 1793 HOLLY FLOWER LANE 1793 HOLLY FLOWER LANE Address: Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: FLEMING ISLAND, FL 32003 Title: Title: () Delete (X) Change () Addition Name: BARRESI, J. SCOTT Name: BARRESI, J. SCOTT 1793 HOLLY FLOWER LANE 1793 HOLLY FLOWER LANE Address: Address: ORANGE PARK, FL 32003 FLEMING ISLAND, FL 32003 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title:

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

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SIGNATURE: JOSEPH BARRESI, JR. **PRES** 01/05/2009