

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

05 MAR 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000053706			
1. Entity Name BAR CODES TALK, INC.			
Principal Place of Business 7358 BROAD STREET BROOKSVILLE, FL 34601 US		Mailing Address 7358 BROAD STREET BROOKSVILLE, FL 34601 US	
2. Principal Place of Business 735 Fernwood Dr.		3. Mailing Address 735 Fernwood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Brooksville, FL	
Zip 34601-3613		Country USA	
4. FEI Number 59-3255012		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, MARY JANE 7358 BROAD STREET BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name: DAVIS, MARY JANE Street Address (P.O. Box Number is Not Acceptable): 735 Fernwood Dr. City: Brooksville FL Zip Code: 34601-3613	
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: Mary Jane Davis President Mary Jane Davis President 03-03-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MARY JANE 5423 DARLENE ST WEEKI WACHEE, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Jane Davis 735 Fernwood Dr Brooksville, FL 34601-3613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary Jane Davis Mary Jane Davis 03-03-05 352-799-6070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			