

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 049 ***150.00

DOCUMENT # P95000009716

1. Entity Name
THE VILLAGE BARBER, INC.



Principal Place of Business
**7691 FAIRWAY WOODS
SARASOTA, FL 34238**

Mailing Address
**7691 FAIRWAY WOODS
SARASOTA, FL 34238**

40070952



DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0552675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPARKS, PETER A
7691 FAIRWAY WOODS
SARASOTA, FL 34238**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PDST SPARKS, PETER A 7691 FAIRWAY WOODS SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SPARKS, JUDY E 7691 FAIRWAY WOODS SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, REICH 7691 FAIRWAY WOODS SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

PERTER SPARKS, PRES. 04/14/08

SIGNATURE:

Peter A. Sparks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-346-0222

Daytime Phone #