## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000010670

Entity Name: BARRIELS DEVELOPMENT, INC.

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 1309 SE 25 LOOP
 1309 SE 25 LOOP

 SUITE 103
 SUITE 103

OCALA, FL 34471 OCALA, FL 34471 US

Current Mailing Address: New Mailing Address:

1309 SE 25 LOOP SUITE 103 1309 SE 25 LOOP SUITE 103

OCALA, FL 34471 OCALA, FL 34471 US

FEI Number: 59-3298488 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:

BARRINEAU, DIANE 1309 SE 25 LOOP SUITE 103 OCALA, FL 34471 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: PD () Delete Title: PSTD (X) Change () Addition

 Name:
 BARRINEAU, DIANE
 Name:
 BARRINEAU, DIANE

 Address:
 1309 SE 25 LOOP STE 103
 Address:
 1309 SE 25 LOOP STE 103

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471 US

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DANIELS, JOHN P
 Name:

 Address:
 1309 SE 25 LOOP STE 103
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DANIELS, BERRY D
 Name:

 Address:
 1309 SE 25 LOOP 103
 Address:

 City-St-Zip:
 OCALA, FL 34471
 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: DIANE BARRINEAU P 03/08/2009