## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000020935

Entity Name: RED BARN GRAPHICS, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1825 WEST FRENCH AVENUE ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** PO BOX 740789 1825 W FRENCH AVE ORANGE CITY, FL 327740789 ORANGE CITY, FL 32763 FEI Number: 59-3404327 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: MCCRAY, MONICA M MCCRAY, MONICA M 1825 WEST FRENCH AVENUE 1825 WEST FRENCH AVENUE ORANGE CITY, FL 32774 US ORANGE CITY, FL 32763 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: 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MCCRAY, MONICA M Name: Name: 1825 WEST FRENCH AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ( ) Delete Title: Title: () Change () Addition DIEHL, LAURINDA Name: Name: 1060 W. FRENCH AVE Address: Address: ORANGE CITY, FL 32763 City-St-Zip: 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: MONICA M MCCRAY PV 04/30/2009