

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044087

Entity Name: BARBILL VENTURES CORP.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

1714 W. SR 84  
FT LAUDERDALE, FL 33315 US

## New Principal Place of Business:

## Current Mailing Address:

1714 W SR 84  
FT LAUDERDALE, FL 33315 US

## New Mailing Address:

FEI Number: 65-0700617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, WILLIAM P JR.  
1714 W S.R. 84  
FT. LAUDERDALE, FL 33315 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: PORTER, WILLIAM P.  
Address: 1475 SE 15TH ST APT 210  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: S ( ) Delete  
Name: PORTER, WILLIAM P  
Address: 1216 CITRUS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: VP ( ) Delete  
Name: PORTER, BARBARA W.  
Address: 1475 SE 15 ST, 306  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: SAFFORD, DEBORAH PORTER  
Address: 46 MAPLE ST  
City-St-Zip: HAMILTON, MA 01982

Title: D ( ) Delete  
Name: PORTER, STEPHEN B.  
Address: 15 TALL TIMBER  
City-St-Zip: MT KISCO, NY 10549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PORTER, WILLIAM P JR  
Address: 1216 CITRUS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM P. PORTER

P

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date