2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P96000088209 1. Entity Name BARBARA J. ALLARD, INC.					South	03-10-2008	3 90050 0	47 ***15	50.00	
2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 01082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 01082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 01082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 01082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 0.0082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 0.0082008 Chg-P CR2E034 (12/06) 2. Pinnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 0.0082008 Chg-P CR2E034 (12/06) 2. Ponnopal Pilace of Business - No P.O. Box # 3. Mailing Agdress 0.0082008 Chg-P CR2E034 (12/06) 3. Mailing Agdress 0.0082008 Chg-P CR2E034 (12/0	Principal Place of Rusiness Mailing Address					—					
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ALLARD, BARBARA J 2014 S. FLAGLER AVENUE FLAGLER BEACH, FL 32136-3908 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Ronda. 1 am familiar with and acceptable) 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Ronda. 1 am familiar with and accept the obligations or registered dentity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Ronda. 1 am familiar with and accept the obligations or registered agent, or both, in the State of Ronda. 1 am familiar with and accept the required where req		6. Name and Address of Curren	t Registered Agent		Nome	7. Name and Address of New Registered Agent					
Sireot Address (P.O. Box Number is Not Acceptable) City	ALLARD F	BARBARA J	*		i vame						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Specific hode or printed name of registered agent and side / sacksable. (MOTE flogetered Agent specific required name remaining) DATE FILE NOWITE FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 ITIE PARTICULAR DARBARA J SIREET ADDRESS CITY-51-2P LAGLER BEACH, FL 321363908 Delate ITIE MAKE SIREET ADDRESS CITY-51-2P Delate ITIE MAKE SIREET ADDRESS CITY-51-2P Delate TIE MAKE SIRET ADDRESS CITY-51-2P Delate TIE MAKE SIRET ADDRESS CITY-51-2P DELATED TO TARREST ADDRESS CITY-51-2P	2014 S. FLAGLER AVENUE			Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or order wave of registered agent and site / applicable. FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution.									_		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PARTICIPATIONESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME											
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12. Thereby certify that the information supplied with this filling does not quality 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.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

¥ 3-7-08 386-569-1815