

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90025 049 ***150.00

DOCUMENT # P97000006224

1. Entity Name

ED BARBER & ASSOCIATES, INC.



Principal Place of Business

9292 S. S.R. 228
MACCLENNY FL 32063

Mailing Address

P.O. BOX 838
MACCLENNY FL 32063



2. Principal Place of Business

19 West Macclenny Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
Macclenny, FL

City & State

Zip
32063

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3431348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, CHARLES E JR
HIGHWAY 228 SOUTH
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name
Barber, Charles E, Jr.
Street Address (P.O. Box Number is Not Acceptable)
4075 Ed Barber Lane
City
Macclenny FL Zip Code
32063

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARBER, CHARLES E JR
P O BOX 838
MACCLENNY FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BARBER, CHERRY E
P O BOX 838
MACCLENNY FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cherry E Barber **Cherry E Barber, Secretary & Treasurer**
3-13-06 904-259-5361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #