

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072644

FILED
Apr 24, 2009
Secretary of State

Entity Name: BARCODE AUTOMATION, INC.

Current Principal Place of Business:

3625 STATE ROAD 419 STE 120
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 195268
WINTER SPRINGS, FL 327195268

New Mailing Address:

FEI Number: 59-3468361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, DOUG
3625 STATE ROAD 419 STE 120
WINTER SPRINGS, FL 32708 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: PC () Delete
Name: JARRETT, DOUG
Address: 3625 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: JARRETT, THERESA
Address: 3625 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: POPE, JIM
Address: 3625 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: FIELDS, RANDY
Address: 3625 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DOUG JARRETT

_____ Electronic Signature of Signing Officer or Director

P

04/24/2009

_____ Date