

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000088751

FILED
Nov 15, 2005
Secretary of State

Entity Name: BARBER PROPERTIES, INC.

Current Principal Place of Business:

PO BOX 1581
THONOTOSASSA, FL 33592

New Principal Place of Business:

10309 TIMMONS ROAD
THONOTOSASSA, FL 33592

Current Mailing Address:

PO BOX 1581
THONOTOSASSA, FL 33592

New Mailing Address:

10309 TIMMONS ROAD
THONOTOSASSA, FL 33592

FEI Number: 59-3471564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARBER, DENNIS W
10309 TIMMONS ROAD
THONOTOSASSA, FL 33592 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: DENNIS W. BARBER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBER, NATHANIEL L JR
Address: 8606 WILLIAMS RD
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: BARBER, DENNIS W
Address: 10309 TIMMONS ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: BARBER, LINDSAY C
Address: 10309 TIMMONS ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: BARBER, MYRNA L
Address: 8606 WILLIAMS RD
City-St-Zip: SEFFNER, FL 33584

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 for the exemption stated in Section 119.07(3)(i), 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: DENNIS W. BARBER

VP

11/15/2005

Electronic Signature of Signing Officer or Director

Date