

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088751

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: BARBER PROPERTIES, INC.

**Current Principal Place of Business:**

8935 MAISLIN DR  
TAMPA, FL 33592

**New Principal Place of Business:**

9717 SKEWLEE RD  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

8935 MAISLIN DR  
TAMPA, FL 33592

**New Mailing Address:**

8935 MAISLIN DR  
TAMPA, FL 33637

FEI Number: 59-3471564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBER, DENNIS W  
9907 SORBONNE LOOP  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

BARBER, DENNIS W  
9717 SKEWLEE RD  
THONOTOSASSA, FL 33592 US

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:

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARBER, DENNIS W  
Address: 9717 SKEWLEE RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP  
Name: BARBER, NATHANIEL L JR.  
Address: 8608 WILLIAMS RD  
City-St-Zip: SEFFNER, FL 33584

Title: S  
Name: BARBER, LINDSAY C  
Address: 9717 SKEWLEE RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: S  
Name: BARBER, MYRNA L  
Address: 8608 WILLIAMS RD  
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: DENNIS W BARBER

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date