2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2005 8:00 am **Secretary of State DOCUMENT # P98000084043** 1. Entity Name 03-31-2005 90034 045 ***150.00 THE BARBER COMPANY, INC. P∉ncipal Place of Business Mailing Address 478 E. ALTAMONTE DRIVE 478 E. ALTAMONTE DRIVE **ALTAMONTE SPRINGS FL 32701** ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3538867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRAND, CINDY Street Address (P.O. Box Number is Not Acceptable) 478 E. ALTAMONTE DRIVE STE 106 **ALTAMONTE SPRINGS FL 32701** City Zip Code 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, typed or printed name of registered agent, and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. NEW ACOKESS TITLE ☐ Delete TITLE Change : NAME BESETT, RENE NAME 478 E.ALt. DR. Suite 109 STREET ADDRESS 407 E. GRYSTAL LAKE ST. STREET ADDRESS ALL. 5895, 71. 32701 ORLANDO.EL 32806 CITY-ST-7IP CITY-ST-ZIP HILE ☐ Delete TITLE FARRAND, CINDY NAME NAME STREET ADDRESS 4209 KASPER DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MANUE * LOW; CHRISTY KAME -STREET ADDRESS 200 MAITLAND AVE., UNIT 2 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Deiete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive 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: SIGNATURE AND TYPED OR PRINTED NAME OF S

NING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED