2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000037927

1. Entity Name
JAMES C. BARTH, P.A.

Principal Place of Business	Mailing Address
30 SOUTH SHORE DRIVE	P.O. BOX 6966
DESTIN, FL 32550	DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3573846	Not Applicable

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

6. Name and Address of Current Registered Agent

BARTH, JAMES C
30 SOUTH SHORE DRIVE
DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTH, JAMES C
STREET ADDRESS	30 SOUTH SHORE DRIVE
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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01/17/08-80002-020-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _James C. B_____ JAMES C. BARTH   1/8/08   850-654-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #