

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108709

FILED
Apr 09, 2004
Secretary of State

Entity Name: GLOBAL BARRIER SYSTEMS, CORPORATION

Current Principal Place of Business:

5861 S.W. 103RD STREET ROAD
OCALA, FL 344769375 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770126
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 65-0977927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRIGGS, DEBRA SALLS
5861 S.W. 103RD STREET ROAD
OCALA, FL 344769375 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: P () Delete
Name: DANIELS, JIMMY W
Address: 1671 SEABREEZE DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete
Name: NESMITH, DONALD
Address: BOX 4025 SALEM ROAD
City-St-Zip: BOSTON, GA 31626

Title: T () Delete
Name: SALLS, W.A.
Address: 5861 S.W. 103RD ST., ROAD
City-St-Zip: OCALA, FL 344769375 US

Title: S () Delete
Name: SALLS, DARWIN A
Address: 5861 S.W. 103RD ST., ROAD
City-St-Zip: OCALA, FL 344769375 US

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: DARWIN A. SALLS

S

04/09/2004

Electronic Signature of Signing Officer or Director

Date