

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01006

FILED
Apr 29, 2008
Secretary of State

Entity Name: BARBER FERTILIZER COMPANY

Current Principal Place of Business:

1011 AIRPORT ROAD
P.O. BOX 984
BAINBRIDGE, GA 39817

New Principal Place of Business:

1011 AIRPORT ROAD
BAINBRIDGE, GA 39817

Current Mailing Address:

P.O. BOX 984
BAINBRIDGE, GA 39818

New Mailing Address:

FEI Number: 58-1330349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, RONALD
5378 COOPER ST.
GRACEVILLE, FL 32440 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: D () Delete
Name: BARBER, E. HAROLD
Address: 818 ROSE CIRCLE
City-St-Zip: BAINBRIDGE, GA 39819 US

Title: S () Delete
Name: LYNN, SHARLENE P
Address: 1320 LOBLOLLY LN
City-St-Zip: BAINBRIDGE, GA 39817 US

Title: TD () Delete
Name: BARBER, HILDRED
Address: 818 ROSE CIRCLE
City-St-Zip: BAINBRIDGE, GA 39819 US

Title: DV () Delete
Name: BARBER, RONALD
Address: 5378 COOPER ST.
City-St-Zip: GRACEVILLE, FL 32440 US

Title: PD () Delete
Name: BARBER, DONALD
Address: 1000 ABBY LANE
City-St-Zip: BAINBRIDGE, GA 39819 US

Title: D () Delete
Name: BARBER, ROSALYN
Address: 912 VIRGINIA PLACE
City-St-Zip: BAINBRIDGE, GA 39819 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
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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 exemption stated 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 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: SHARLENE P. LYNN

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date