

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01006

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: BARBER FERTILIZER COMPANY

## Current Principal Place of Business:

1011 AIRPORT ROAD  
BAINBRIDGE, GA 39817

## New Principal Place of Business:

## 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  
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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date