

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01006

FILED
Jan 12, 2010
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
Name: BARBER, E. HAROLD
Address: 818 ROSE CIRCLE
City-St-Zip: BAINBRIDGE, GA 39819 US

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

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

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

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

Title: D
Name: BARBER, ROSALYN
Address: 2103 LOCKLAUREL DRIVE
City-St-Zip: BAINBRIDGE, GA 39819 US

I hereby 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 all other like empowered.

SIGNATURE: SHARLENE P. LYNN

S

01/12/2010

Electronic Signature of Signing Officer or Director

Date