

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01006

Entity Name: BARBER FERTILIZER COMPANY**Current Principal Place of Business:**1011 AIRPORT ROAD
BAINBRIDGE, GA 39817**Current Mailing Address:**P.O. BOX 984
BAINBRIDGE, GA 39818**FEI Number: 58-1330349****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBER, RONALD
5378 COOPER ST.
GRACEVILLE, FL 32440 US*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

Officer/Director Detail :

Title	D
Name	BARBER, E. HAROLD
Address	818 ROSE CIRCLE
City-State-Zip:	BAINBRIDGE GA 39819

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

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

Title	S
Name	REYNOLDS, TERRI C
Address	P.O. BOX 1426 3070 SPRING CREEK ROAD
City-State-Zip:	BAINBRIDGE GA 39818

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

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

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: TERRI REYNOLDS**SECRETARY****03/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date