

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P09969	
1. Entity Name BARNHARDT MANUFACTURING COMPANY	



Principal Place of Business 1100 HAWTHORNE LANE CHARLOTTE, NC 28205	Mailing Address PO BOX 34276 CHARLOTTE, NC 28234-4276 US
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08282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0134380	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000773846
 09/05/07-20007-010 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH BARNHARDT, TOM M III 600 LLEWELEN PL CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNHARDT, T.L. 4811 HARDIAN DR CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNHARDT, L.B. 1213 AYLESFORD RD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNHARDT, R.S. 4030 HIGH RIDGE RD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALERO, RALPH J 1100 HAWTHORNE LN CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATLING, L.B. 915 BRANCHWOOD DR CHARLOTTE, NC 28270

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelley Dean* **8.28.2008** **704-376-0380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #