


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 274948
 1. Entity Name
BARNES AND BOVA INSURANCE, INC.



Principal Place of Business Mailing Address
 3201 N FEDERAL HWY 3201 N FEDERAL HWY
 STE 200 STE 200
 FT LAUDERDALE, FL 33306 US FT LAUDERDALE, FL 33306 US



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1060144 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARNES, BERT
 3201 N FEDERAL HWY
 SUITE 200
 FT LAUDERDALE, FL 33306

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARNES, BERT
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	D
NAME	BOVA, WILLIAM J
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	D
NAME	BARNES, MARIANNE
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000497134
 04/22/06-80041-023 150.00

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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: *Bert Barnes* 4-6-06 954-561-2220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #