


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90014 009 ***150.00

| | | | | | |
|--|------------------|--|---|---|-----------------------------------|
| DOCUMENT # F94000002983 | | | |  | |
| 1. Entity Name BARNES RAILROAD SERVICES, INC. | | | | | |
| Principal Place of Business P.O. BOX 2261 DOTHAN, AL 36302-2261 | | | Mailing Address P.O. BOX 2261 DOTHAN, AL 36302-2261 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 63-0696529 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BARNES, WILLIAM R 2956-D HARRISON AVENUE PANAMA CITY, FL 32405 | | | | Name BARNES, WILLIAM R | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1802 ECHO LANE | |
| | | | | City LYNN HAVEN, FL 32444 FL | |
| | | | | Zip Code | |
| 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 <i>William R. Barnes</i> | | | | DATE <u>3-14-2005</u> | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when transacting) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARNES, ROLAND | | NAME | | |
| STREET ADDRESS | 602 PATE STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | ASHFORD, AL | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, JOAN C | | NAME | | |
| STREET ADDRESS | 207 COREY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DOTHAN, AL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered. | | | | | |
| SIGNATURE: <i>William R. Barnes</i> | | Date: <u>3/14/2005</u> | | Phone: <u>334-793-4531</u> | |
| Signature and typed or printed name of signing officer or director William R. Barnes, Vice-Pres. | | Date | | Daytime Phone # | |

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02212005 Chg-P CR2E034 (10/03)

4. FEI Number
63-0696529

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, WILLIAM R
2956-D HARRISON AVENUE
PANAMA CITY, FL 32405

Name
BARNES, WILLIAM R
Street Address (P.O. Box Number is Not Acceptable)
1802 ECHO LANE

City
LYNN HAVEN, FL 32444 FL Zip Code

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SIGNATURE *William R. Barnes*

DATE 3-14-2005

Signature, typed or printed name of registered agent and title if applicable.

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DATE

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TITLE P Delete
NAME BARNES, ROLAND
STREET ADDRESS 602 PATE STREET
CITY-ST-ZIP ASHFORD, AL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME THOMPSON, JOAN C
STREET ADDRESS 207 COREY DRIVE
CITY-ST-ZIP DOTHAN, AL

TITLE Change Addition
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SIGNATURE: *William R. Barnes*

Date: 3/14/2005

Phone: 334-793-4531

Signature and typed or printed name of signing officer or director
William R. Barnes, Vice-Pres. Roland Barnes, President

Date

Daytime Phone #