


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 274948</b>	
1. Entity Name <b>BARNES AND BOVA INSURANCE, INC.</b>	

Principal Place of Business <b>3201 N FEDERAL HWY STE 200 FT LAUDERDALE, FL 33306 US</b>	Mailing Address <b>3201 N FEDERAL HWY STE 200 FT LAUDERDALE, FL 33306 US</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1060144</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BARNES, BERT 3201 N FEDERAL HWY SUITE 200 FT LAUDERDALE, FL 33306</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BARNES, BERT 3201 N FEDERAL HWY #200 FT LAUDERDALE, FL 33306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOVA, WILLIAM J 3201 N FEDERAL HWY #200 FT LAUDERDALE, FL 33306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARNES, MARIANNE 3201 N FEDERAL HWY #200 FT LAUDERDALE, FL 33306</b>
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03/22/04-80036-018 150.00

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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 like empowered

**SIGNATURE:** Bert Barnes **BERT BARNES** 3-19-04 954-541-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #