


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 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

**DO NOT WRITE IN THIS SPACE**



02072005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
59-1060144      Applied For  
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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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) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	

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IN THIS SPACE**

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03/14/05-80023-008 150.00

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      3-9-05      954-562-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #