2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# 455645

Entity Name: BARNES MACHINE COMPANY.

Current Principal Place of Business:

2462 EMERSON AVE SOUTH
P. O. BOX 11597
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

2462 EMERSON AVE SOUTH
ST. PETERSBURG, FL 33712 US

Current Mailing Address:

P.O. BOX 11597
ST. PETERSBURG, FL 337331597 US

New Mailing Address:

FEI Number: 59-1559120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, JOHN
2462 EMERSON AVE S
SAINT PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BARNES, CARL,
Address: 2462 EMERSON AVE S
City-St-Zip: ST. PETERSBURG, FL

Title: V ( ) Delete
Name: SAMS, DEANNA,
Address: 6450 STRATHAVEN CT E
City-St-Zip: WORTHINGTON, OH

Title: P ( ) Delete
Name: BARNES, JOHN,
Address: 2462 EMERSON AVE S
City-St-Zip: ST. PETERSBURG, FL

Title: ST ( ) Delete
Name: BARNES, CARLA,
Address: 2462 EMERSON AVE S
City-St-Zip: ST. PETERSBURG, FL

Title: V ( ) Delete
Name: BALDWIN, TIM,
Address: 6450 STRATHAVEN CT E
City-St-Zip: WORTHINGTON, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA K BARNES ST 03/25/2004

Electronic Signature of Signing Officer or Director — Date