

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90053 019 ***150.00

DOCUMENT # 455645			
1. Entity Name BARNES MACHINE COMPANY.			
Principal Place of Business 2462 EMERSON AVE SOUTH ST. PETERSBURG, FL 33712 US		Mailing Address P.O. BOX 11597 ST. PETERSBURG, FL 33733-1597 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 59-1559120	
BARNES, JOHN 2462 EMERSON AVE S SAINT PETERSBURG, FL 33712		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		Chg-P CR2E034 (10/03)	
Street Address (P.O. Box Number is Not Acceptable)			
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CARL	NAME	
STREET ADDRESS	2462 EMERSON AVE S	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMS, DEANNA	NAME	
STREET ADDRESS	6450 STRATHAVEN CT E	STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON, OH	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JOHN	NAME	
STREET ADDRESS	2462 EMERSON AVE S	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CARLA	NAME	
STREET ADDRESS	2462 EMERSON AVE S	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, TIM	NAME	
STREET ADDRESS	6450 STRATHAVEN CT E	STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON, OH	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	
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: <i>Carla K Barnes</i>		Date: <i>3-25-05</i> Daytime Phone #: <i>727-327-9452</i>	
Carla K Barnes			