

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455645

FILED
Mar 27, 2009
Secretary of State

Entity Name: BARNES MACHINE COMPANY.

Current Principal Place of Business:

2462 EMERSON AVE SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

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: 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date