

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 549434

1. Entity Name
**BARNES UNDERWATER SERVICE COMPANY,
INCORPORATED**



Principal Place of Business

**4802 EMPIRE AVE
JACKSONVILLE, FL 32207**

Mailing Address

**4802 EMPIRE AVE
JACKSONVILLE, FL 32207**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2008626

Applies For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, FRED S.
4802 EMPIRE AVE
JACKSONVILLE, FL 32207**

**DO NOT WRITE
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 reappointing)

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, FRED S
STREET ADDRESS	4802 EMPIRE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	STD
NAME	BARNES, JOYCE W
STREET ADDRESS	4802 EMPIRE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80011-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**FRED S. BARNES
PRESIDENT**

1/15/05 (904) 396-0631