

**2004 FOR PROFIT CORPORATION -
ANNUAL REPORT**

DOCUMENT # 556934

1. Entity Name
BARNES BARBER SHOP, INC.



Principal Place of Business
**1711 NORTH 25TH ST. BLDG. B.
FORT PIERCE, FL 34947**

Mailing Address
**1711 NORTH 25TH ST. BLDG. B.
FORT PIERCE, FL 34947**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90531 024 ***150.00



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1813631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, CLIFFORD
1711 NORTH 25TH ST BLDG B
FORT PIERCE, FL 33450**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, CLIFFORD 3113 NAVAJO AVE FT PIERCE, FL
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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: *Clifford Barnes* - *Clifford Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

722-464-2389

Daytime Phone #