


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 556934</b> 1. Entity Name <b>BARNES BARBER SHOP, INC.</b>	
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Principal Place of Business <b>1711 NORTH 25TH ST. BLDG. B. FORT PIERCE, FL 34947</b>	Mailing Address <b>1711 NORTH 25TH ST. BLDG. B. FORT PIERCE, FL 34947</b>
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1813631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BARNES, CLIFFORD 1711 NORTH 25TH ST BLDG B FORT PIERCE, FL 33450</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-statuting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000885011 04/06/07-80056-003 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BARNES, CLIFFORD 3113 NAVAJO AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BARNES, BETTI 1711 N 25TH STREET, BLDG B FORT PIERCE, FL 34947
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **3-29-07 772-464-2387**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #