

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 556934

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** BARNES BARBER SHOP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1711 NORTH 25TH ST. BLDG. B.  
FORT PIERCE, FL 34947 US

**New Mailing Address:**

**FEI Number:** 59-1813631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNES, CLIFFORD  
1711 NORTH 25TH ST BLDG B  
FORT PIERCE, FL 34947 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:** PD  
**Name:** BARNES, CLIFFORD  
**Address:** 2725 NAVAJO AVENUE  
**City-St-Zip:** FT PIERCE, FL 34946 US

**Title:** ST  
**Name:** BARNES, BETTY J  
**Address:** 2725 NAVAJO AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34946 US

I hereby 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 all other like empowered.

**SIGNATURE:** CLIFFORD BARNES

PD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date