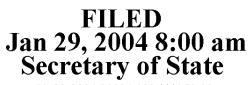
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUI 1. Entity Name BARNES,				01-29-2004 90034 008 ***150.00							
Principal Place 1843 ATLAN JACKSONVILL	TIC BOULEV	/ARD	Mailing Address  1843 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207								
2. Principal Pl	lace of Busin	ness	3. Mailing Address								
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			01052004	Chg-P	CR2E	34 (10/03)		
City & State	e · · ·		City & State				4. FEI Numb	er 6762	27		plied For t Applicable
Zip	Country		Zip Cou		try 5. Certificate of Status Desired			S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
DADNEC		Name									
BARNES, 1843 ATLA JACKSON	ANTIC BL	VD.		Street Address (P.O. Box Number is Not Acceptable)							
	•				City		e eastu	•	co.a.eEI	i Zip Code	<b>9.</b>
8. The above	named entit	ty submits this statement fo	1 100 11 1 10 1		, , ,			มาใน เปลี่ยน (การเกล่า ith; in the State of Flo		है। इस्ते किन्द्र	GC 480,00
CHAthe obligat	ions of regis	stered agent.		est.	 						
SIGNATURE				•	et i						
MITE	Signature, typed	d or printed name of registered agent	and title if applicable	(NOTE: Register	ed Agent signatu	ire required	d when reinstating)		DATE	Ct water	[] Add * cs
Chiz-20-5 295 After Ma	E NOW!!! ay 1, 200	FEE 1S \$150.00 4 Fee will be \$550.		Campaign Fina d Contribution			.00 May Be ded to Fees			,	Notes an
10.	,	OFFICERS AND		11			ADDITIONS	/CHANGES TO OFF	ICERS AN	··· <u>·</u>	
NAME STREET ADDRESS CITY-ST-ZIP	1843 ATL	S, ROBERT M., II LANTIC BLVD NVILLE, FL	Pelet	NA STE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	V BARNES 1843 ATL	CHALMERS H.  LANTIC BLVD.  NVILLE, FL	e III NA STI	LE	PD Bour	ones, Chalmers H. Achange				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, 1843 ATI	GLENN E. LANTIC BOULEVARD NVILLE, FL	Delet	NA STI		Con	ven, Glenn	ε.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NA STI	LE Me Reet address Y-St-Zip				•	☐ Change	Addition
NAME STREET ADDRESS. CITY-ST-ZIP		23 (38 86) (11 824 1 860 (39 84) (17 824	Gradus Jera, □ Delet	NA ST CU INT ST CHES	le Me Reet adoress ´ 'Y-st-zip		i de la Fritz	1 1		Change:	- Addition
TITLE  NAME *\*\ \_ \ \*\ \E  STREET ADDRESS  CITY- ST- ZIP (**\)	DU. C +51"			ST CIT	le, Me Reet address IY-ST-ZIP	Programme Section 1981	ी क्या र ज्या र प्रति ।		OV.E	e produkte 1 km²	Addition
12. I hereby indicated of the co-	certify that the don this reportion or poration or l, or on an at	he information supplied with ort or supplemental report in the receiver or it ustge emp ttachment with ab address.	n this filing does not questrue and accurate an owered to execute this with all other like empo	alify for the ex d that my sign report as req owered.	emption sta ature shall h uired by Cha	ted in Se ave the apter 60	iection 119.07(3 same legal effe 07, Florida Statul	)(i), Florida Statutes. ict as if made under ies; and that my nan	I further ce oath; that I ne appears	ertify that the ii am an officer in Block 10 o	nformation or director r Block 11 if