

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604462

FILED
Jan 19, 2009
Secretary of State

Entity Name: BARNES & COHEN, P.A.

Current Principal Place of Business:

1843 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Principal Place of Business:

2747 ART MUSEUM DRIVE
#500
JACKSONVILLE, FL 32207

Current Mailing Address:

1843 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Mailing Address:

2747 ART MUSEUM DRIVE
#500
JACKSONVILLE, FL 32207

FEI Number: 59-1496762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, CHALMERS H.
1843 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BARNES, CHALMERS H MR.
2747 ART MUSEUM DRIVE
#500
JACKSONVILLE, FL 32207 US

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: CHALMERS H. BARNES

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, CHALMERS H.,
Address: 1843 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: COHEN, GLENN E.,
Address: 1843 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARNES, CHALMERS H.,
Address: 4727 ART MUSEUM DRIVE, SUITE #500
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Change () Addition
Name: COHEN, GLENN E.,
Address: 2747 ART MUSEUM DRIVE, SUITE #500
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHALMERS H. BARNES

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date