

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F69006

1. Entity Name
DALE A. BARNES, D.C., P.A.



Principal Place of Business

**316 CHURCH STREET
C/O DALE A. BARNES
KISSIMMEE, FL 34741**

Mailing Address

**316 CHURCH STREET
C/O DALE A. BARNES
KISSIMMEE, FL 34741**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2161262

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARNES, DALE A.
316 CHURCH STREET
KISSIMMEE, FL 34741**

**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 renewing)

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	PD
NAME	BARNES, DALE A
STREET ADDRESS	316 CHURCH ST
CITY - ST - ZIP	KISSIMMEE, FL
TITLE	STD
NAME	BARNES, BRENDA J.
STREET ADDRESS	316 CHURCH ST.
CITY - ST - ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000093471
03/22/04-80019-016 150.00

**DO NOT WRITE
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)(f), 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:

Brenda J. Barnes **BRENDA J. BARNES STD**

Date

2-27-04

Daytime Phone #

(407) 847-8254