

## ANNUAL REPORT

DOCUMENT # F81608

1. Entity Name  
BARNETT FINANCIAL SERVICES, INC.Apr 20  
Sec1Principal Place of Business  
2829 EXCHANGE COURT  
WEST PALM BCH, FL 33409Mailing Address  
2829 EXCHANGE COURT  
WEST PALM BCH, FL 33409

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2188607Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B  
601 FLAGLER DRIVE COURT, P.O. DRAWER E  
WEST PALM BEACH, FL 33402DO 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME	MR. BARNETT, DANA D
STREET ADDRESS CITY-ST-ZIP	2829 EXCHAGNE COURT W PALM BCH, FL
TITLE NAME	VP BARNETT, DANA
STREET ADDRESS CITY-ST-ZIP	2829 EXCHANGE CT WPB, FL
TITLE NAME	PST BARNETT, DANA D
STREET ADDRESS CITY-ST-ZIP	2829 EXCHANGE COURT W PALM BCH, FL
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

U00000317268  
04/20/05-80012-010 150.00DO 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)(i), 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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2005

561-696-8333

Date

Daytime Phone #