## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 21, 2005 8:00 am
Secretary of State
01 21 2005 00081 047 ***150 00

1. Entity Name BARNES DEVELOPMENT CORPORATION						01-21-2005 9	90081 02	1/ ***150	.00
Principal Place of Business 266 OLD WOODS RD INTERLACHEN, FL 32148		Mailing Address 266 OLD WOODS RD INTERLACHEN, FL 32148		40003946					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-P	CR2E	034 (10/03)		
City & State		City & State		4. FEI Number 59-2377	<del></del>			oplied For ot Applicable	
Zip	Country	Zip	Cour	itry		f Status Desired		\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	Address of New F	Registered	Agent	
				Name					
266 OLD	, DONALD S. WOODS RD ACHEN, FL 32148	in the thetam	*	Street Address	(P.O. Box Number	is Not Acceptabl	le)		
				City			FL	Zip Cod	e .
	ve named entity submits this statement actions of registered agent.	for the purpose of changing it	s register	ed office or registe	red agent, or both	, in the State of Fi	lorida. I am	familiar with,	and accept
SIGNATUR	E	int and title if applicable. (NO	TÉ: Registere	d Agent signature require	d when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.00	9. Election Campa	_		.00 May Be				
	May 1, 2005 Fee will be \$550	Trust Fund Con	tribution.	Add	ded to Fees				
After I	May 1, 2005 Fee will be \$550 OFFICERS AN	D DIRECTORS	ntribution.	Add	ded to Fees	CHANGES TO OFF	FICERS AND		
After I	May 1, 2005 Fee will be \$550 OFFICERS AN	Trust Fund Con	11.	Add	ded to Fees	CHANGES TO OFF	FICERS AND	D DIRECTORS	S IN 11
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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 advices with a powered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR