


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90124 028 \*\*\*150.00

**DOCUMENT # H46775**

1. Entity Name  
**FREEMAN W. BARNER, JR., P.A.**



Principal Place of Business  
**100 VILLAGE SQUARE CROSSING**  
**207**  
**PALM BEACH GARDENS, FL 33410**

Mailing Address  
**100 VILLAGE SQUARE CROSSING**  
**207**  
**PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business  
**2401 P.G.A. Blvd.**

3. Mailing Address  
**2401 P.G.A. Blvd.**


Suite, Apt. #, etc.  
**280**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33410**

Country  
**USA**



07062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2508199**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARNER, FREEMAN W. JR.**  
**100 VILLAGE SQUARE CROSSING**  
**STE 207**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
 Name  
**BARNER, FREEMAN W., JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8954 Lakes Blvd.**  
 City  
**Palm Beach FL** Zip Code  
**33412**

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: *Freeman W. Barner, Jr.* **FREEMAN W. BARNER, JR.** DATE: **July 6, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete BARNER, FREEMAN W. JR. 100 VILLAGE SQUARE CROSSING STE 207 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARNER, FREEMAN W. JR. 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with an other like empowered.

SIGNATURE: *Freeman W. Barner, Jr.* **FREEMAN W. BARNER, JR.** (561)627-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone# EXT. 210