2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90058 004 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # J65451

1. Entity Name
FARNER, BARLEY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1507 BUENES AIRES BLVD.~~	~~1507 BUENES AIRES BLVD.~~
~~VILLAGES, FL 32159~~ FL	VILLAGES, FL 32159 FL

2. Principal Place of Business	3. Mailing Address
4450 NE 83RD ROAD	4450 N.E. 83RD ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILDWOOD, FLORIDA	City & State: WILDWOOD, FLORIDA
Zip: 34785 Country: USA	Zip: 34785 Country: USA

4. FEI Number: 59-2788882 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMMERS, GARY L.
380 WEST ALFRED STREET
TAVARES, FL 32778

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________ DATE
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	FARNER, ROBERT E.		NAME	
STREET ADDRESS	~~41515 SILVER DR~~		STREET ADDRESS	561 DOWLING CIRCLE
CITY-ST-ZIP	~~UMATILLA, FL 32784~~		CITY-ST-ZIP	LADY LAKE, FLORIDA 32159
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARLEY, WILLIAM S.		NAME	
STREET ADDRESS	2144 MAPLES LANE		STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: (GEORGE F. PRIDGEON) 1/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #