


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J97917</b> 1. Entity Name BARNES HEATING AND AIR CONDITIONING OF SEMINOLE, INC.	
--	---

Principal Place of Business 915 W 2ND AVE SANFORD, FL 32771	Mailing Address 915 W 2ND AVE SANFORD, FL 32771
---	---

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2858861	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent  WATSON, EARNEST H 1870 ENTERPRISE OSTEEN ROAD ENTERPRISE, FL 32738
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, EARNEST H 1870 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, EMILY D 1870 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, MELINDA 667 FLYNN STREET PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000596559  
01/24/07-80001-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/19/07 407-323-3517 <small>Date Daytime Phone #</small>
---	---