

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000087664

1. Entity Name
BARNES INSURANCE AND FINANCIAL SERVICES, LLC



Principal Place of Business

**C/O DENNIS BARNES
4510 SEHOY CIRCLE
PENSACOLA, FL 32504**

Mailing Address

**C/O DENNIS BARNES
4510 SEHOY CIRCLE
PENSACOLA, FL 32504**



02252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1106816

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, DENNIS Q
4510 SEHOY CIRCLE
PENSACOLA, FL 32504**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

DATE
03/12/08-80006-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **BARNES, DENNIS**
STREET ADDRESS **4510 SEHOY CIRCLE**
CITY- ST- ZIP **PENSACOLA, FL 32504**

TITLE
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-08