

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 11, 2007 08:00 AM

Secretary of State

DOCUMENT # L25837

1. Entity Name

BARNES MECHANICAL INSULATION, INC.

WILLOWDALE



Principal Place of Business

**808 LAFAYETTE
CAPE CORAL, FL 33904**

Mailing Address

**5204 SW 11TH CT
CAPE CORAL, FL 33914**



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0153368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES, WILLIAM M.
5204 SW 11TH CT
CAPE CORAL, FL 33914**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000583018
01/11/07-20055-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BARNES, SUSAN
5204 S.W. 11TH COURT
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BARNES, WILLIAM
5204 S. W. 11TH COURT
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: William M Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

239-542-5106

Daytime Phone

DOCUMENT # F528331

WILLIAM M BARNES