

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91236

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: BARNES AND COHEN, C.P.A.'S, P.A.

**Current Principal Place of Business:**

441 NE 1ST ST  
CRYSTAL RIVER, FL 34423 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 59-3020329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, RONALD PRES  
441 NE 1ST ST  
CRYSTAL RIVER, FL 34423 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHEN, RONALD  
Address: 1144 AGATE AVENUE  
City-St-Zip: SPRING HILL, FL

Title: SD ( ) Delete  
Name: BARNES, G MAX  
Address: P O BOX 2215  
City-St-Zip: CRYSTAL RIVER, FL 344232215

Title: TD (X) Delete  
Name: JONES, JENNIFER L  
Address: 8324 W. SUNRISE ST  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: COHEN, RONALD  
Address: 1144 AGATE AVENUE  
City-St-Zip: SPRING HILL, FL

Title: SVPD (X) Change ( ) Addition  
Name: BARNES, G MAX  
Address: P O BOX 2215  
City-St-Zip: CRYSTAL RIVER, FL 344232215

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD COHEN

PRES

04/18/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date