

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91236

FILED
Apr 17, 2009
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: PTD () Delete
Name: COHEN, RONALD
Address: 1144 AGATE AVENUE
City-St-Zip: SPRING HILL, FL

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, RONALD
Address: 1144 AGATE AVENUE
City-St-Zip: SPRING HILL, FL 34609 US

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

Title: TD () Change (X) Addition
Name: CLARK, TERRI L
Address: 5388 E ARTHUR ST
City-St-Zip: INVERNESS, FL 34452 US

I hereby certify that the information supplied with this filing does not qualify 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

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date