


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90012 019 \*\*\*150.00

<b>DOCUMENT # L98831</b>	
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1. Entity Name  
**BARNES FLOORING, INC.**

Principal Place of Business  
**2800 S OCEAN BLVD  
22-B  
BOCA RATON, FL 33432**

Mailing Address  
**2800 S OCEAN BLVD  
22-B  
BOCA RATON, FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**65-0213093**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HCRM CORP.  
1900 CORPORATE BOULEVARD N.W.  
SUITE 400-WEST BUILDING  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **GM FINANCIAL GROUP INC**  
Street Address (P.O. Box Number is Not Acceptable) **1191 E. NEWPORT CENTER DR**  
**SUITE 103**  
City **DEERFIELD BEACH FL** **33442**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-25-06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVS** ☐ Delete  
NAME **BARNES, CHARLES R.**  
STREET ADDRESS **2800 SOUTH OCEAN BLVD.**  
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **TD** ☐ Delete  
NAME **BARNES, CHARLES, R**  
STREET ADDRESS **2800 SOUTH OCEAN BLVD**  
CITY-ST-ZIP **BOCA RATON, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-06** **561-391-5910**

Date

Daytime Phone #