

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90834 038 ***150.00
M89753

FILED

07 MAY 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052007 Chg-P CR2E034 (12/06)

DOCUMENT # M89753			
1. Entity Name BARNES CITRUS ENTERPRISES, INC.			
Principal Place of Business ORANGE AVE ASSN HWY 68 FT PIERCE, FL 32789 US		Mailing Address 2250 SIXTH STREET VERO BEACH, FL 32962 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2907546		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, RALPH 2250 SIXTH STREET VERO BEACH, FL 32962		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Ralph Nelson</i></u> DATE: <u>4-25-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARNES, GLEN A. 921 VIRGINIA DR. WINTER PARK, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES William 3028 Sherwood Rd Orlando FL ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARNES, GLEN A., JR. 51ST AVE PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAROL B. Nelson 2250 6th St Vero Beach FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARNES, WILLIAM N. 3028 SHERWOOD RD ORLANDO, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 added to the information on this report.			
SIGNATURE: <u><i>Ralph Nelson</i></u>		Date: <u>4-25-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

As Per telephone conversation with

pc 5/29