# FILED
# Mar 07, 2006 8:00 am
# Secretary of State

03-07-2006 90014 030 ***150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

50001195

DOCUMENT # P01000026757

1. Entity Name
BARNES & COMPANY, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S ASHLEY DR<br>SUITE 890<br>TAMPA, FL 33602-5349 | 100 S ASHLLY DR<br>SUITE 890<br>TAMPA, FL 33602-5349 |

03022006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10105 MOWRY LANE | 10105 MOWRY LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA FL | City & State: TAMPA FL |
| Zip: 33625-4932 Country: USA | Zip: 33625-4932 Country: USA |

4. FEI Number: 59-3718637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BARNES, WILLIAM D<br>100 S ASHLEY DR<br>SUITE 890<br>TAMPA, FL 33602-5349 | Name: WILLIAM D BARNES<br>Street Address (P.O. Box Number is Not Acceptable): 10105 MOWRY LANE<br>City: TAMPA **FL** Zip Code: 33625-4932 |

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: WILLIAM D BARNES PRESIDENT 03-03-2006
(If changing Registered Agent, Registered Agent must sign) (If applicable) DATE

**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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARNES, WILLIAM D<br>100 S ASHLEY DR, SUITE 890<br>TAMPA, FL 336026349 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | WILLIAM D BARNES<br>10105 MOWRY LANE<br>TAMPA FL 33625-4932 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | HELEN M FOSTER - SECRETARY/TREASURER<br>9514 CAVENDISH DRIVE<br>TAMPA FL 33626-5151 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 D BARNES PRESIDENT 03-03-2006 813-968-6181
(Required) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #