

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90033 024 ***150.00

DOCUMENT # P03000046817
 1. Entity Name
BARNS, INC.



Principal Place of Business: **HIGHWAY 351 SOUTH HORSESHOE BEACH FL 32648**
 Mailing Address: **PO BOX 375 HORSESHOE BEACH FL 32648**

54023727



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **30 0179625**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HEADINGS, JONAS
HIGHWAY 351 SOUTH
HORSESHOE BEACH FL 32648

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P Jonas Headings |
| STREET ADDRESS | 351 south |
| CITY-ST-ZIP | Horseshoe Bch FL 32648 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T Vernon Headings |
| STREET ADDRESS | 351 south |
| CITY-ST-ZIP | Horseshoe Bch FL 32648 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V Josiah Libbey |
| STREET ADDRESS | 351 South |
| CITY-ST-ZIP | Horseshoe Bch FL 32648 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S Albert Headings |
| STREET ADDRESS | 351 South |
| CITY-ST-ZIP | Horseshoe Bch FL 32648 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Albert Headings **Albert Headings** 3/26/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #