


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000099275	
1. Entity Name BARNES BAIL BONDS AGENCY, INC.	

Principal Place of Business 1711 N 25 ST STE A FT PIERCE, FL 34947	Mailing Address 1711 N 25 ST STE A FT PIERCE, FL 34947
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03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1895615	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARNES, CLIFFORD 1711 N 25 ST STE A FT PIERCE, FL 34947	DO NOT WRITE IN THIS SPACE
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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 <i>Clifford Barnes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Clifford Barnes</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>3/25/08</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, CLIFFORD 1711 N 25 ST STE A FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, BETTY J 1711 N 25 ST STE A FT PIERCE, FL 34947
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/10/08-80055-017 150.00

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: <i>Clifford Barnes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Clifford Barnes</i> <small>Date</small>	<i>3/25/08</i> <small>Daytime Phone #</small>