

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000062565

1. Entity Name  
BARNES BLVD. WAREHOUSES AND STORAGE, INC.



Principal Place of Business  
12906 INSHORE DRIVE  
PALM BEACH GARDENS, FL 33410

Mailing Address  
12906 INSHORE DRIVE  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**

04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3152057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JASON, ARNOLD S  
12906 INSHORE DRIVE  
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

2. 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 title if applicable)

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00

6. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JASON, ARNOLD S  
STREET ADDRESS 12906 INSHORE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE S  
NAME JASON, PATRICIA M  
STREET ADDRESS 12906 INSHORE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000529914  
05/05/06-80033-025 158.75

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IN THIS SPACE**

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: *Patricia M. Jason* Patricia M. 4-17-06 561-627-7245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jason