

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90019 019 ***158.75

DOCUMENT # P04000079888

1. Entity Name
BARNETT INSURORS, INC.



Principal Place of Business
8910 N. DALE MABRY HIGHWAY
STE. #9
TAMPA, FL 33614 US

Mailing Address
8910 N. DALE MABRY HIGHWAY
STE. #9
TAMPA, FL 33614 US

40008040



2. Principal Place of Business
9874 W. LINEBAUGH AVE.
Suite, Apt. #, etc.

3. Mailing Address
9874 W. LINEBAUGH AVE.
Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL
Zip 33626 Country HILLSBOROUGH

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TAMPA, FL
Zip 33626 Country HILLSBOROUGH

4. FEI Number 20-1134493 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARNETT, POLLY R
8910 N. DALE MABRY HIGHWAY
STE. #9
TAMPA, FL 33614

7. Name and Address of New Registered Agent
Name GREEN, MICHAEL D.
Street Address (P.O. Box Number is Not Acceptable) 15511 N. FLORIDA AVE.
STE. D
City TAMPA FL Zip Code 33613

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 *[Signature]* MICHAEL D. GREEN, ASST. TREAS. 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM CONNLEY, GEORGE W 8910 N. DALE MABRY HIGHWAY, #9 TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, DOUGLAS 8910 N. DALE MABRY HIGHWAY TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, POLLY R 8910 N. DALE MABRY HIGHWAY TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONNLEY, GEORGE W. 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO/ASST. S SIMPSON, DOUGLAS 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S BARNETT, POLLY R. 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILTON, MARR 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. T GREEN, MICHAEL D. 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Douglas W Simpson, Jr 1/14/05 88-860-5555
Signature and typed or printed name of signing officer or director Date Daytime Phone #