## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 12, 2007 08:00 All Secretary of State DOCUMENT # P04000148987 1. Entity Name BARNES CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 1100 6TH AVENUE SOUTH 1100 6TH AVENUE SOUTH SUITE 225 SUITE 225 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 20-1817508 Not Applicable Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, JOEL D Street Addross (P.O. Box Number is Not Acceptable) 1100 6TH AVENUE SOUTH #225 NAPLES FL 34102 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 Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition BARNES, JOEL D NAME NAME 1100 6TH AVE. S., SUITE 225 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY ST-7IP U00000664764 Change □ Addil 03/22/07-80059-005 150.00 TITLE ☐ Delete THEF ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THILLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and activate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ampowered to expect the trips 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 addition, who all other like empowered.

Daytime Phone ∉

E OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

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