


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000023289		
1. Entity Name COLLEEN M. BARNES, P.A.		
Principal Place of Business 6908 BRONTE CIRCLE PORT SAINT LUCIE, FL 34952		Mailing Address 6908 BRONTE CIRCLE PORT SAINT LUCIE, FL 34952
DO NOT WRITE IN THIS SPACE		
		02162007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-2343703		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 BARNES, COLLEEN M 6908 BRONTE CIRCLE PORT SAINT LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature is best for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 03/07/07-80018-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BARNES, COLLEEN M 6908 BRONTE CIRCLE PORT SAINT LUCIE, FL 34952	
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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 required to be on attachment with an address, with all other like empowered.		
SIGNATURE: <u>Colleen M Barnes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/16/07</u> <small>Daytime Phone #</small>