2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

| ANNUAL REPORT | | | | | A | or us, 2 | 2007 UO | . (|
|---|---|---------------------------|------------------------------------|-------|-----------|-----------------------|------------------------|-----|
| DOCU | MENT # P0500007 | | | | Secret | tary of S | t | |
| 1. Entity Nam BARMES | BENTERPRISES, INC. | | | | | | | |
| Principal Place of Business 4409 LOMA VISTA DR VALRICO, FL 33594 Mailing Address 4409 LOMA VISTA DR VALRICO, FL 33594 VALRICO, FL 33594 | | | | | | | IN ANNO 1881 ANNO 1881 | |
| C | O NOT WRITI | CE | 03282007 4. FEI Numbe 20-279 | | CR2E034 (| | | |
| 4409 LOM | 6. Name and Address of Currer RICHARD C IA VISTA DR , FL 33594 | | | NOT W | | | | |
| the obligated SIGNATURE. | e named entity submits this statement tions of registered agent. Signalus typed or printed name of registered age. E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. | 9. Election Campaign Fina | d C. BAY | | | | | |
| 10. OFFICERS AND DIRECTORS | | | _ | | | | | |
| NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS | P BARMES, RICHARD C 4409 LOMA VISTA DR VALRICO, FL 33594 | | | | 04/13 | 00006918 1/07-8002 | 20 6-004 158. | 75 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | /RITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | - | IN 7 | THIS SI | PACE | | |
| NAME STREET ADDRESS CHY-ST-ZIP TILLE NAME STREET ADDRESS | | · | | | | | | |
| STREET ADDRESS | | | I | | | | | ı |

12. Thereby 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 pendures, with all other like empowered.

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2007

Daytime Prione #