

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90014 020 ***150.00

DOCUMENT # P18797

1. Entity Name
BARNES/WEST PRODUCTIONS, INC.



Principal Place of Business
**905 TURNBUCKLE TRAIL
PENSACOLA, FL 32507 US**

Mailing Address
**905 TURNBUCKLE TRAIL
PENSACOLA, FL 32507-4467 US**

100000701



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1193268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, DAVID C.
905 TURNBUCKLE TRAIL
PENSACOLA, FL 32507**

**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

David C Barnes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-05

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 | PD |
| NAME | BARNES, DAVID C. |
| STREET ADDRESS | 905 TURNBUCKLE TRAIL |
| CITY-ST-ZIP | PENSACOLA, FL 32507 |
| TITLE | V |
| NAME | BARNES, SUSAN |
| STREET ADDRESS | 905 TURNBUCKLE TRAIL |
| CITY-ST-ZIP | PENSACOLA, FL 32507 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Susan Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

Daytime Phone #