


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000021076	
1. Entity Name A.M. BARNES GROUP, INC.	

Principal Place of Business 16261 OLD US 41 FT MYERS, FL 33912 US	Mailing Address 16261 OLD US 41 FT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0391282	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 POWELL, WILLIAM M ESQ 3515 DEL PRADO BLVD #101 CAPE CORAL, FL 33904
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/12/04-80058-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, ALAN 14200 HICKORY MARCH LN #111 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BARNES, VICKY L 14200 HICKORY MARSH LN #111 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SENESE, TONYA 16261 OLD US 41 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, K SCOTT 16261 OLD US 41 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, KATHERINE 16261 OLD US 41 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENESE, ALBERT 16261 OLD US 41 FORT MYERS, FL 33912

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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: Katherine Barnes 4-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #