

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021076

FILED
Apr 10, 2008
Secretary of State

Entity Name: A.M. BARNES GROUP, INC.

Current Principal Place of Business:

16261 OLD US 41
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

16261 OLD US 41
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0391282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, WILLIAM M ESQ
3515 DEL PRADO BLVD #101
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, ALAN
Address: 13941 BENTLY CIR
City-St-Zip: FORT MYERS, FL 33912

Title: VST () Delete
Name: BARNES, VICKY L
Address: 13941 BENTLY CIR
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: SENESE, TONYA
Address: 16261 OLD US 41
City-St-Zip: FT MYERS, FL 33912

Title: VP () Delete
Name: BARNES, K SCOTT
Address: 16261 OLD US 41
City-St-Zip: FT MYERS, FL 33912

Title: VP () Delete
Name: BARNES, KATHERINE
Address: 16261 OLD US 41
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: SENESE, ALBERT
Address: 16261 OLD US 41
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE BARNES

VP

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date