

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021076

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

FILED  
Apr 10, 2008  
Secretary of State

## 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