


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90043 049 ***158.75

DOCUMENT # P94000012739	
1. Entity Name BARNES BROTHER'S DOLPHIN HOUSE, INC.	

Principal Place of Business 768 GRAN KAYCAYNE WAY APOLLO BEACH, FL 33572	Mailing Address 238 LAKEVIEW DR MORGANTOWN, WV 26508
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)


4. FEI Number NOT APPLICABLE	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	
BARNES, SR ALBERT R 6418 US 41 NORTH, STE 264 APOLLO BEACH, FL 33572	

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARNES, MARY K 6022 US HWY. 41. N. BOX 164 APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARNES, SR ALBERT R 6022 US HWY. 41 N. BOX 164 APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, ALBERT R SR. 238 LAKEVIEW DR MORGANTOWN, WV 26508
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, MARY K 238 LAKEVIEW DR MORGANTOWN, WV 26508
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **3/26/04 1-304296 0867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #