


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P96000038328	
1. Entity Name JEFFRY D. BARNES, D.M.D., P.A.	
	
Principal Place of Business 320 AVE K SE SUITE 1 WINTER HAVEN, FL 33880	Mailing Address 320 AVE K SE SUITE 1 WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3392030	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, JEFFRY D D.M.D.
2930 EAST LAKE HARTRIDGE DRIVE
WINTER HAVEN, FL 33881

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNES, JEFFRY D D.M.D.
STREET ADDRESS	2930 EAST LAKE HARTRIDGE DRIVE
CITY- ST- ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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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 exemptions contained 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07
Date

863/293-5099
Daytime Phone #