

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90033 002 ***150.00

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1. Entity Name
M P BARNES, INC.



Principal Place of Business
**17616 LEE AVE
REDINGTON SHORES, FL 33708 US**

Mailing Address
**17616 LEE AVE
REDINGTON SHORES, FL 33708 US**

10000347



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNES, MARCUS P
17616 LEE AVE
REDINGTON SHORES, FL 33708**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 PRESIDENT
NAME	BARNES, MARCUS P
STREET ADDRESS	17616 LEE AVE
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	VP
NAME	JUY BARNES
STREET ADDRESS	17616 LEE AVE
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	TREAS
NAME	MARCUS BARNES
STREET ADDRESS	17616 LEE AVE
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	SECRETARY
NAME	JUY BARNES
STREET ADDRESS	17616 LEE AVE
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 JAN 06

Date

(727) 398-3900

Daytime Phone #