

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 014 ***150.00

DOCUMENT # S29579

1. Entity Name
**DAN TERRY BARNES, JR., D.M.D., AND MELISSA
ANDERSON BARNES, D.M.D., P.A.**



Principal Place of Business
**110 S.W. SUWANNEE AVE.
BRANFORD, FL 32008**

Mailing Address
**P.O. BOX 930
BRANFORD, FL 32008**

40004987



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3051689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES, DAN TERRY
110 SW SUWANNEE AVE.
BRANFORD, FL 32008**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BARNES, DAN TERRY, JR
110 SW SUWANNEE AVE.
BRANFORD, FL 32008**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
ANDERSON-BARNES, MELISSA
110 SW SUWANNEE AVE.
BRANFORD, FL 32008**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
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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: *Nachm-Barnes* MELISSA D. ANDERSON-BARNES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05
Date

386-935-0938
Daytime Phone #