

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63409

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Entity Name:** BARNES ALARM SYSTEMS, INC.

**Current Principal Place of Business:**

3201 FLAGLER AVE.  
SUITE 503  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

3201 FLAGLER AVE.  
SUITE 503  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 65-0278405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNES, GREGORY H PRES  
3201 FLAGLER AVE.  
SUITE 503  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: BARNES, GREGORY H PRES  
Address: 3405 NORTHSIDE DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: PD  
Name: BARNES, GREGORY H  
Address: 3405 NORTHSIDE DRIVE  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: GREGORY BARNES

PRES

03/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date