


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V28118
 1. Entity Name
BARANOWSKI & ASSOCIATES, INC.



Principal Place of Business Mailing Address
481 PINE MEADOW DR. NORTH **481 PINE MEADOW DR. NORTH**
DEBARY, FL 32713 **DEBARY, FL 32713**

DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3121878	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent
BARANOWSKI, THEODORE
481 PINE MEADOW DR. NORTH
DEBARY, FL 32713

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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 _____ DATE _____
Signature, last or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking) 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT BARANOWSKI, THEODORE M 481 PINE MEADOW DR. NORTH DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS BARANOWSKI, DOROTHY E 481 PINE MEADOW DR. NORTH DEBARY, FL 32713
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Theodore M. Baranowski* **3-6-04 (386) 753-9559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THEODORE M. BARANOWSKI