

2005 FOR PROFIT CORPORATION ANNUAL REPORT


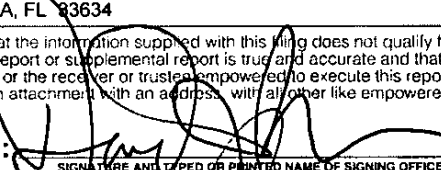
FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90059 017 ***150.00

40002933



01112005 Chg-P CR2E034 (10/03)

DOCUMENT # 846995					
1. Entity Name TOM BARROW CO.					
Principal Place of Business 2800 PLANT ATKINSON RD. SMYRNA, GA 30080			Mailing Address 2800 PLANT ATKINSON RD. SMYRNA, GA 30080		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1152774	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEYMOUR, TERRY 2710 MERCY DRIVE ORLANDO, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, TOM		NAME		
STREET ADDRESS	2800 PLANT ATKINSON RD.		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, VIRGINIA		NAME		
STREET ADDRESS	2800 PLANT ATKINSON RD.		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, DAVID J		NAME		
STREET ADDRESS	2800 PLANT ATKINSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, TERRY		NAME		
STREET ADDRESS	2710 MERCY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, KEITH		NAME		
STREET ADDRESS	4211 EMERSON STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, THOMAS		NAME		
STREET ADDRESS	6816 BENJAMIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
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:  VP			Date: 1/11/2005 Daytime Phone: 404-351-1010		