2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2005 8:00 am Secretary of State 05-03-2005 90119 048 ***150.00 DOCUMENT # F02000000929 1. Entity Name BARÇAP REALTY SERVICES GROUP, INC. 40080253 Principal Place of Business Mailing Address 3570 US HWY 98 N 3570 US HWY 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 109 West Commercial Str 109 West Commercial St. Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 58-2454697 Not Applicable Sanford, Florida Sanford Florida Country USA Country \$8.75 Additional 5. Certificate of Status Desired 32771 32771 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Baron Capital IV.</u> BACER CAPITAL IV. INC. Street Address (P.O. Box Number is Not Acceptable) 3570 US HWY 98 N LAKELAND, FL 33809 109 West Commercial Street Zip Code 32771 City Sanford, Francis 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change ☐ Addition TITLE TITLE Delete NAME RYDELL, JEROME S NAME 109 West Commercial Street STREET ADDRESS STREET ADDRESS 3570 US HWY 98 N Sanford, Florida 32771 CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MILLER, J. STEPHEN NAME 109 West Commercial Street STREET ADDRESS STREET ADDRESS 3570 US HWY 98 N Sanford, Florida 32771 CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITS F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

RIFTED MANE OF SIGNING OFFICER OR DIRECTOR

FILED