


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000004270 1. Entity Name ROANE BARKER, INC.	
---	---

Principal Place of Business 526 CONGAREE ROAD GREENVILLE, SC 29607	Mailing Address PO BOX 2880 GREENVILLE, SC 29602
--	--

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0291224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D BERGMAN, STANLEY 135 DURYEA ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALADINO, STEVEN 135 DURYEA ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MLOTEK, MARK 135 DURYEA ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONNETT, BRADFORD 45 WOODVALE AVE. GREENVILLE, SC 29605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAWFORD, CHARLES 326 DRIFTWOOD DRIVE PIEDMONT, SC 29673
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ETTINGER, MICHAEL 38 ROXTON ROAD PLAINVIEW, NY 11803

DO NOT WRITE IN THIS SPACE

U00000004910
01/15/04-80033-001 150.00

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: *Charles Crawford* 01/13/04 (864) 297-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #