

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005354

1. Entity Name
BARRAND, INC.



Principal Place of Business
**420 CENTURY WAY
SUITE 200
RED OAK, TX 75154 US**

Mailing Address
**420 CENTURY WAY
SUITE 200
RED OAK, TX 75154 US**



DO NOT WRITE IN THIS SPACE

08032005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-1867660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**PTD
BROWN, J. R
6607 CLEARHAVEN CIRCLE
DALLAS, TX 75248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROWN, BARBARA K
6607 CLEARHAVEN CIRCLE
DALLAS, TX 75248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, KELLY
6607 CLEARHAVEN CIRCLE
DALLAS, TX 75248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KARIBIAN, SHANNON
6607 CLEARHAVEN CIRCLE
DALLAS, TX 75248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, JENNIFER
6607 CLEARHAVEN CIRCLE
DALLAS, TX 75248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000376154
08/11/05-80003-011 558.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-05

972-417-0174