

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 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**



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-1867660

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BROWN, J. R
STREET ADDRESS	6607 CLEARHAVEN CIRCLE
CITY- ST- ZIP	DALLAS, TX 75248
TITLE	SD
NAME	BROWN, BARBARA K
STREET ADDRESS	6607 CLEARHAVEN CIRCLE
CITY- ST- ZIP	DALLAS, TX 75248
TITLE	D
NAME	SMITH, KELLY
STREET ADDRESS	6607 CLEARHAVEN CIRCLE
CITY- ST- ZIP	DALLAS, TX 75248
TITLE	D
NAME	KARIBIAN, SHANNON
STREET ADDRESS	6607 CLEARHAVEN CIRCLE
CITY- ST- ZIP	DALLAS, TX 75248
TITLE	D
NAME	BROWN, JENNIFER
STREET ADDRESS	6607 CLEARHAVEN CIRCLE
CITY- ST- ZIP	DALLAS, TX 75248
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #