

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90068 034 \*\*\*150.00

<b>DOCUMENT # H05684</b> 1. Entity Name <b>BAROCO INVESTMENTS, INC.</b>			
Principal Place of Business <b>C/O J. H. BAROCO, SR.          6706 N. NINTH AVE D-3          PENSACOLA, FL 32504-7398</b>		Mailing Address <b>C/O J. H. BAROCO, SR.          6706 N. NINTH AVE D-3          PENSACOLA, FL 32504-7398</b>	
2. Principal Place of Business <b>3987 N. "W" ST.</b>		3. Mailing Address <b>P.O. Box 17898</b>	
Suite, Apt. #, etc. <b>P.O. Box 17898</b>		Suite, Apt. #, etc. <b>P.O. Box 17898</b>	
City & State <b>PENSACOLA, FL 32522</b>		City & State <b>PENSACOLA, FL</b>	
Zip <b>32522</b>		Zip <b>32522-7898</b>	
4. FEI Number <b>59-2411311</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BAROCO, JAMES H. SR          6706 N. 9TH AVE, BLDG. D-1          PENSACOLA, FL 32504</b>		7. Name and Address of New Registered Agent Name <b>J.H. BAROCO, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3987 N. "W" ST.</b> Unit # <b>13</b> City <b>PENSACOLA</b> FL Zip Code <b>32505</b>	
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		J.H. BAROCO, JR. 4/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	PD BAROCO, J. H. JR. 6706 N NINTH AVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAROCO, RONALD ANTHONY 6706 N NINTH AVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOROCO, VICKI ANN 6706 N NINTH AVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NOONAN, MARY ANTONIA 6706 N NINTH AVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		J.H. BAROCO, JR. 4/12/06 850-479-2441 <small>Daytime Phone #</small>	