


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90138 004 \*\*\*150.00

DOCUMENT # <b>H 05684</b>	
1. Entity Name <b>BAROCO INVESTMENTS, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6706 N. 9th Ave</b>	3. Mailing Address <b>P.O. Box 17898</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>
Zip <b>32524</b>	Country <b>ESC</b>
Zip <b>32522-7898</b>	Country <b>ESC</b>

**20017645**

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-2411311</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>RONALD ANTHONY BAROCO</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>14320 RIVER ROAD</b>			
City <b>PENSACOLA, FL</b> Zip Code <b>32507</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 **Ronald Anthony Baroco** DATE **3/13/06**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / D. RONALD ANTHONY BAROCO 14320 RIVER ROAD PENSACOLA, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES - / D VICKI A. BAROCO 1182 EAST LAPEVIEW AVE PENSACOLA, FL 32503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC/TREAS. MARY ANTONIO BAROCO NOONAN 1301 SOUNDVIEW TRAIL GULF BREEZE, FL 32561</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald Anthony Baroco** DATE **3/13/06** DAYTIME PHONE **850-529-4331**

CR2E034B (12/02)