

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84068

Entity Name: BARR ROBIN, INC.

FILED  
Apr 18, 2004  
Secretary of State

## Current Principal Place of Business:

279 WINDWARD PASSAGE  
P O BOX 3383  
CLEARWATER, FL 33767

## New Principal Place of Business:

279 WINDWARD PASSAGE  
CLEARWATER, FL 33767

## Current Mailing Address:

604 N. OSCEOLA AVE.  
CLEARWATER, FL 33755

## New Mailing Address:

604 N. OSCEOLA AVE.  
CLEARWATER, FL 33755

FEI Number: 59-1146523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSS, COURTNEY D.  
279 WINDWARD PASSAGE  
CLEARWATER, FL US

## Name and Address of New Registered Agent:

ROSS, COURTNEY D.  
604 N. OSCEOLA AVE.  
CLEARWATER, FL 33755 US

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.

SIGNATURE:

04/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROSS, COURTNEY D.,  
Address: 604 N OSCEOLA AVE.  
City-St-Zip: CLEARWATER, FL

Title: STD ( ) Delete  
Name: HARRIS, CHARLES C.,  
Address: 2840 W. BAY DR. #215  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROSS, COURTNEY D.,  
Address: 604 N OSCEOLA AVE.  
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY D. ROSS

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date