

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90028 007 ***150.00

DOCUMENT # J91216

1. Entity Name

DANIEL H. BARRON, P.A.



Principal Place of Business

1675 FERN AVENUE
BIG PINE KEY FL 33043-9803
US

Mailing Address

1675 FERN AVENUE
BIG PINE KEY FL 33043-9803
US

2. Principal Place of Business

6104 N.E. Hwy 349

Suite, Apt. #, etc.

3. Mailing Address

6104 N.E. Hwy 349

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

OLD TOWN, FL

City & State

OLD TOWN, FL

4. FEI Number

59-2841101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRON, DANIEL H.
1675 FERN AVE
BIG PINE KEY FL 33043

6104 N.E. Hwy 349
OLD TOWN, FL 32680

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BARRON, DANIEL H.
STREET ADDRESS 1675 FERN AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE BARRON, DANIEL H. ☒ Change ☐ Addition
NAME 6104 N.E. Hwy 349
STREET ADDRESS OLD TOWN FL 32680
CITY-ST-ZIP

TITLE PST ☐ Delete
NAME BARRON, DANIEL H.
STREET ADDRESS 1675 FERN AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE BARRON, DANIEL H. ☒ Change ☐ Addition
NAME 6104 N.E. Hwy 349
STREET ADDRESS OLD TOWN, FL 32680
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel H. Barron

2/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #