

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90027 001 \*\*\*150.00

65412101



MOORE CR2E034 (11/03)

<b>DOCUMENT # L09809</b>							
1. Entity Name <b>BARRON'S OF TRENTON, INC.</b>							
Principal Place of Business P O BOX 370 TRENTON FL 32693			Mailing Address P O BOX 370 TRENTON FL 32693				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>65-0136803</b>			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BARRON, JOSEPH H</b> <del>P O BOX 370 HIGHWAY 26</del> <b>4539 CR 341</b> TRENTON FL FL 32693			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 <i>Mary Barron</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>4-13-04</b>			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		9. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRON, MARY J.		NAME				
STREET ADDRESS	P O BOX 370 N/A		STREET ADDRESS				
CITY-ST-ZIP	TRENTON FL		CITY-ST-ZIP				
TITLE	SVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRON, JOSEPH H.		NAME				
STREET ADDRESS	P O BOX 370 N/A		STREET ADDRESS				
CITY-ST-ZIP	TRENTON FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRON, JOSEPH H.		NAME				
STREET ADDRESS	P O BOX 370 N/A		STREET ADDRESS				
CITY-ST-ZIP	TRENTON FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Mary Barron</i>		Date: <b>3-17-04</b>		Daytime Phone #: <b>3524631342</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			