

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 050 ***158.75

24003201



01292004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0825630** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P03000002533

1. Entity Name
BARRACO AND ASSOCIATES NORTH, INC.



Principal Place of Business
**2271 MCCREGOR BOULEVARD
FORT LAUDERDALE, FL 33901**

Mailing Address
**2271 MCCREGOR BOULEVARD
FORT LAUDERDALE, FL 33901**

2. Principal Place of Business
2271 McGregor Blvd.

3. Mailing Address
2271 McGregor Blvd.

City & State
Ft. Myers FL

City & State
Ft. Myers FL

Zip
33901

Country
USA

Zip
33901

Country
USA

6. Name and Address of Current Registered Agent
**BARRACO, CARL A
2271 MCCREGOR BOULEVARD
FORT LAUDERDALE, FL 33901**

7. Name and Address of New Registered Agent

Name
Carl A. Barraco

Street Address (P.O. Box Number is Not Acceptable)
2271 McGregor Blvd.

City
Ft. Myers

FL

Zip Code
33901

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 **Carl A. Barraco** DATE **1/29/2004**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BARRACO, CARL A 2271 MCCREGOR BOULEVARD FORT LAUDERDALE, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Barraco, Carl A. 2271 McGregor Blvd Ft. Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMLUND, TOM R 2271 MCCREGOR BOULEVARD FORT LAUDERDALE, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holmlund, Tom R 2271 McGregor Blvd Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BUSKIRK, CHRISTOPHER 2271 MCCREGOR BOULEVARD FORT LAUDERDALE, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Buskirk, Christopher 2271 McGregor Blvd Ft. Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, ANDREW D 2271 MCCREGOR BOULEVARD FORT LAUDERDALE, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzgerald, Andrew D 2271 McGregor Blvd Ft. Myers, FL 33901 <input checked="" 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: **Carl A. Barraco** DATE **1-29-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #