## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000047879

Title:

Name:

Address

City-St-Zip:

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FILED Apr 22, 2004 Secretary of State

Entity Name: BARINEAU LARSON HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4379 CRAWFORDVILLE HIGHWAY 4379 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL CRAWFORDVILLE, FL 32327 **Current Mailing Address: New Mailing Address:** 4379 CRAWFORDVILLE HIGHWAY POST OFFICE BOX 640 CRAWFORDVILLE, FL CRAWFORDVILLE, FL 32326 FEI Number: 20-0177500 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWDEN, GARVIN B 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition BARINEAU, CAROL J Name: Name: 551 GULF PINES DRIVE Address: Address: City-St-Zip: City-St-Zip: PORT ST. JOE, FL 32456 ( ) Delete Title: Title: VP/D ( ) Change (X) Addition Name: Name: LARSON, JARED R 80 TRUMPET LANE Address: Address: CRAWFORDVILLE, FL 32327 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

DIR

LARSON, STEPHANIE A

TALLAHASSEE, FL 32311

( ) Change (X) Addition

3424 OLD ST. AUGUSTINE ROAD, #79

SIGNATURE: CAROL J. BARINEAU PRES 04/22/2004