

2004. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90026 049 ***150.00

DOCUMENT # P0300005390.1					
1. Entity Name NICHOLAS BARANET, INC.					
Principal Place of Business 68 ELMWOOD DELAND FL 32720		Mailing Address 68 ELMWOOD DELAND FL 32720			
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0831835	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE P	NAME BARANET, NICHOLAS				
STREET ADDRESS 68 ELMWOOD TRAIL	STREET ADDRESS 68 ELMWOOD TRAIL				
CITY-ST-ZIP DELAND FL 32724	CITY-ST-ZIP DELAND FL 32724				
[Empty Officer Row]					
[Empty Officer Row]					
[Empty Officer Row]					
[Empty Officer Row]					
[Empty Officer Row]					
[Empty Officer Row]					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
[Empty Addition Row]					
[Empty Addition Row]					
[Empty Addition Row]					
[Empty Addition Row]					
[Empty Addition Row]					
[Empty Addition Row]					
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, without other like employment.					
SIGNATURE: <i>Nicholas Baranet</i> CEO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-28-04 (386) 871-7115					
Daytime Phone #					