## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000080001

HANKIN, RICHÁRD

1923 LEISURE DR.

ORLANDO, FL 32808

Name:

Address:

City-St-Zip:

FILED May 05, 2004 Secretary of State

Entity Nan	1e: BARR	NGTON REALT	Y & ASSOCIATES	, INC.				
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
182 HIGHB OCOEE, FI		LVD.						
Current Mailing Address:				New Mai	New Mailing Address:			
182 HIGHB OCOEE, FI		.VD.						
FEI Number:	75-3125643	FEI Number	Applied For()	FEI Number Not App	plicable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
DEANNA, WETHALL B 182 HIGHBROOKE BLVD. OCOEE, FL 34761 US				182 HIGH	DEANNA, BARRINGTON B 182 HIGHBROOKE BLVD. OCOEE, FL 34761 US			
The above in the State		ty submits this s	tatement for the pu	irpose of changing	its registered	d office or registered agent, or	both,	
SIGNATURE: DEANNA B. BARRINGTON					05/05/2004			
	Elect	ronic Signature	of Registered Ager	nt		Date		
		.193(2)(b), F.S., the cing Trust Fund Co		receive the prior not	ice.			
OFFICERS	AND DIR	ECTORS:		ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip:	D BARRINGTO 182 HIGHBI OCOEE, FL	ROOKE BLVD.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D WETHALL, 182 HIGHBI OCOEE, FL	ROOKE BLVD.		Title: Name: Address: City-St-Zip:	BARRINGTO 182 HIGHBR	(X) Change ()Addition N, DEANNA B ROOKE BLVD. 34761		
Title: Name: Address: City-St-Zip:	P PANCHAL, I 5437 FERR WINTER PA			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title:	VP	(X) Delete		Title:		( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN E. BARRINGTON D 05/05/2004