

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90077 023 \*\*\*150.00

66401525



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000115043</b>	
1. Entity Name <b>BARRY PAPP, INC.</b>	



Principal Place of Business <b>7910 MONTEZUMA TRAIL ORLANDO FL 32825</b>	Mailing Address <b>7910 MONTEZUMA TRAIL ORLANDO FL 32825</b>
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2. Principal Place of Business <b>7910 MONTEZUMA TR</b>		3. Mailing Address <b>7910 MONTEZUMA TR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FLORIDA 32825</b>	City & State <b>ORLANDO, FLORIDA 32825</b>	4. EEL Number <b>543198956</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32825</b>	Country <b>USA</b>	Zip <b>32825</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>PAPP, BARRY 7910 MONTEZUMA TRAIL ORLANDO FL 32825</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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>[Signature]</i> <b>BARRY PAPP PRESIDENT</b>	DATE <b>1/21/04</b>

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BARRY PAPP PRESIDENT</b> <b>7910 MONTEZUMA TRAIL</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>BARRY PAPP</b> <b>7910 MONTEZUMA TR</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>BARRY PAPP</b> <b>7910 MONTEZUMA TRAIL</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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>[Signature]</i> <b>BARRY PAPP PRESIDENT</b>	Date <b>1/21/04</b> Daytime Phone <b>407-277-5458</b>



Attachment  
66401525

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

February 2, 2004

**BARRY PAPP, INC.**  
7910 MONTEZUMA TR  
ORLANDO, FL 32825

Subject: **BARRY PAPP, INC.**

Reference Number: **P03000115043**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION