

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119626

FILED
Apr 29, 2004
Secretary of State

Entity Name: BARRINGER CONSTRUCTION, INC.

Current Principal Place of Business:

P.O.BOX 2787
NEW SMYRNA BEACH, FL 32170 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2787
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2858520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRINGER, RONALD E
1901 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BARRINGER, RONALD E
Address: P.O. BOX 2787
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARRINGER, RONALD E
Address: P.O. BOX
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: VP () Change (X) Addition
Name: BARRINGER, LUKE
Address: 1901 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: 2VP () Change (X) Addition
Name: BARRINGER, ADAM R
Address: 802 OAKVIEW
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: S/T () Change (X) Addition
Name: BARRINGER, MARY E
Address: P.O. BOX 2787
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

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.

SIGNATURE: MARY BARRINGER

S/T

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date