

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123618

FILED
May 01, 2009
Secretary of State

Entity Name: BARRON LENDING CORPORATION

Current Principal Place of Business:

1515 UNIVERSITY DRIVE
102D
CORAL SPRINGS, FL 33071

New Principal Place of Business:

934 UNIVERSITY DRIVE
242
CORAL SPRINGS, FL 33071

Current Mailing Address:

1515 UNIVERSITY DRIVE
102D
CORAL SPRINGS, FL 33071

New Mailing Address:

934 UNIVERSITY DRIVE
242
CORAL SPRINGS, FL 33071

FEI Number: 20-0374990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRON, CYNTHIA
10339 NW 16TH COURT
CORAL SPRINGS, FL 33071 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRON, CYNTHIA
Address: 10339 NW 16TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: BARRON, CYNTHIA
Address: 10339 NW 16TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: SEC () Delete
Name: BARRON, CYNTHIA
Address: 10339 NW 16TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: TREA () Delete
Name: BARRON, CYNTHIA
Address: 10339 NW 16TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA BARRON

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date