


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-02-2005 90034 049 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | |
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| DOCUMENT # P03000143008 | |  |
| 1. Entity Name ERICA BARRON INC. | | |
| Principal Place of Business 1913 E OLIVE RD PENSACOLA, FL 32514 | | Mailing Address 1913 E OLIVE RD PENSACOLA, FL 32514 |
| 2. Principal Place of Business 1913 E. OLIVE RD Suite, Apt. #, etc. | | 3. Mailing Address 1913 E. OLIVE RD Suite, Apt. #, etc. |
| City & State PENSACOLA FL | | City & State PENSACOLA FL |
| Zip 32504 | | Zip 32504 |
| Country CAMBIA | | Country CAMBIA |
| 4. FEI Number 81-0639853 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BARRON, ERICA 1913 E OLIVE RD PENSACOLA, FL 32514 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ERICA BARRON 1913 E. OLIVE RD PENSACOLA FL 32514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Erica Barron</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1/31/05 (650) 478-5972 Date Daytime Phone # |