


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90501 036 \*\*\*150.00

**DOCUMENT# P04000070635**

1. Entity Name  
**BARANYAR TRUCKING, INC**



Principal Place of Business      Mailing Address  
**1045 PRINCESS GATE BLVD**      **1045 PRINCESS GATE BLVD**  
**WINTER PARK, FL 32792 US**      **WINTER PARK, FL 32792 US**

**66023947**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03272005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-1264966**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVIS, NETTIE**  
**846 SW MAIN BLVD**  
**LAKE CITY, FL 32025**

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: *John Baranyar*      DATE: *4/27/05*  
Signature, title, or printed name of registered agent, if applicable.      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARANYAR, JOHN P</b>	NAME	
STREET ADDRESS	<b>1045 PRINCESS GATE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John Baranyar*      *John Baranyar*      *6/18/05*  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #