


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 035 ***150.00

DOCUMENT # P04000157326		
1. Entity Name BARON CONSTRUCTION OF MARION COUNTY, INC.		

14000010

Principal Place of Business 514 SW 2ND AVE OCALA, FL 34474	Mailing Address 514 SW 2ND AVE OCALA, FL 34474
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2 Principal Place of Business 5 CEDAR TRACE COURT	3 Mailing Address PO BOX 830481
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01072005 Chg-P CR2E034 (10/03)

City & State OCALA FL	City & State OCALA FL	4. FEI Number 20-1878767	Applied For Not Applicable
Zip 34472	Country MARION	Zip 34483-0481	Country MARION

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

6. Name and Address of Current Registered Agent BARON, JOHN 514 SW 2ND AVE OCALA, FL 34474		7. Name and Address of New Registered Agent Name John F. BARON JR Street Address (P.O. Box Number is Not Acceptable) 5 CEDAR TRACE COURT City Ocala FL Zip Code 34472	
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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 F. Baron Jr. President *[Signature]* 4-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD BARON, JOHN P O BOX 830481 OCALA, FL 34483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* John F. Baron Jr 4-22-05 352-687-2133
Signature and typed or printed name of signing officer or director Date Daytime Phone #