


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

DOCUMENT # P95000007305	
1. Entity Name BARON CAPITAL IV, INC.	

05-03-2005 90178 001 ****67.20
05-03-2005 90178 002 ****38.85
05-03-2005 90178 003 ****33.60
05-03-2005 90178 004 ****10.35

Principal Place of Business GROVE AT LAKELAND SQUARE 3570 U.S. HWY 98 N. LAKELAND, FL 33809 US	Mailing Address GROVE AT LAKELAND SQUARE 3570 U.S. HWY 98 N. LAKELAND, FL 33809 US
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2. Principal Place of Business 109 West Commercial St.	3. Mailing Address 109 West Commercial St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sanford, Florida	City & State Sanford, Florida
Zip 32771	Country USA



04202005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0570122	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 U.S. HWY 98 N. LAKELAND, FL 33809	
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7. Name and Address of New Registered Agent	
Name	Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)	109 West Commercial Street
City	Sanford FL
Zip Code	32771

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RYDEL, JEROME S 3570 U.S. HWY 98 N. LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Rydell, Jerome S. 109 West Commercial Street Sanford, Florida 32771 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, J. STEPHEN 3570 U.S. HWY 98 N. LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Miller, J. Stephen 109 West Commercial Street Sanford, Florida 32771 <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
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

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:  **APR 29 2005** **407-688-7762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #