


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000081358

1. Entity Name
BARANN, INC.



Principal Place of Business
**2601 13 AVE. W.
 BRADENTON, FL 34205**

Mailing Address
**138 RIVER ISLES
 BRADENTON, FL 34208**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0623590

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIGNAC, MERLIN E
 138 RIVER ISLES
 BRADENTON, FL 34205**

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRIGNAC, BARBARA 3738 LAKE BAYSHORE DR #K430 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRIGNAC, MERLIN 3738 LAKE BAYSHORE DR #430 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VELASQUEZ, EDWARD 2601 13 AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(j), 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: Merlin Brignac **Merlin Brignac** 1-30-04 941 747 1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #