

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000079654

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** BARRON'S MARKETING AND DISTRIBUTION, INC.

**Current Principal Place of Business:**

C/O BRUCE ROBBINS  
509 S. ML KING JR. AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5453  
CLEARWATER, FL 337585453

**New Mailing Address:**

C/O BRUCE ROBBINS  
509 S. ML KING JR. AVE  
CLEARWATER, FL 33756

**FEI Number:** 59-3404589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBBINS, BRUCE J  
509 S. ML KING JR. AVE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROBBINS, BRUCE J  
Address: 509 S. ML KING JR. AVE  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE J ROBBINS

D

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date