


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90064 001 \*\*\*511.25

<b>DOCUMENT # P96000099153</b> 1. Entity Name <b>BARSON GROUP, INC.</b>	
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Principal Place of Business <b>840 PINELLAS BAYWAY TIERRA VERDE, FL 33715 US</b>	Mailing Address <b>840 PINELLAS BAYWAY TIERRA VERDE, FL 33715 US</b>
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**DO NOT WRITE IN THIS SPACE**

02052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3418848</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**HANSHAW, LYNN E  
4215 39TH AV. S.  
ST. PETERSBURG, FL 33702**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, SANFORD E 840 PINELLAS BAYWAY TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KATZ, BARBARA L 840 PINELLAS BAYWAY TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANSHAW, LYNN E 4215 39TH AVE. S. ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: X 03/24/04 X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #