


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90026 021 ***150.00

DOCUMENT # P97000016235	
1. Entity Name BARRON CONCRETE CONSTRUCTION, INC.	

Principal Place of Business 486 NEWTON RD PORT ORANGE FL 32127	Mailing Address 486 NEWTON RD PORT ORANGE FL 32127
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2. Principal Place of Business 486 Newton Rd	3. Mailing Address 486 Newton Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Orange FL	City & State Port Orange FL
Zip 32127	Country Volusia
Zip 32127	Country Volusia

4. FEI Number 59-3433637	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 DAVID, JONES 486 NEWTON ROAD PORT ORANGE FL 32127	
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7. Name and Address of New Registered Agent	
Name David Jones	
Street Address (P.O. Box Number is Not Acceptable) 486 Newton Rd	
City Port Orange	FL Zip Code 32127

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 David Jones David Jones 2/11/04
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	PSD JONES, DAVID 486 NEWTON RD PORT ORANGE FL 32127 <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	VD HANSEN, CORY 486 NEWTON RD PORT ORANGE FL 32127 <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: David Jones David Jones 2/11/04 386-547-2369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

94016780



MOORE CR2E034 (11/03)