2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # P97000037734 1. Entity Name 03-15-2004 90017 007 \*\*\*150.00 IN HIS NAME, INC. Principal Place of Business Mailing Address 10015 FRONT BEACH ROAD P.O. BOX 15933 14010044 PANAMA CITY BEACH FL 32408 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address BAYOU CT. 3318 PRETTY Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3378731 PANAMA C Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRON, HERBERT ----Street Address (P.O. Box Number is Not Acceptable) 3318 PRETTY BAYOU COURT PANAMA CITY FL 32405 City Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARRON, JAMES N NAME STREET ADDRESS 3180 WOOD VALLEY ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP **VSTD** TITLE Delete TITLE ☐ Change Addition BARRON, HERBERT L NAME STREET ADDRESS 3318 PRETTY BAYOU COURT STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BARRON, DORMAN L STREET ADDRESS 119 E SONATA CIRCLE STREET ADDRESS CITY-ST-7/P PANAMA CITY BEACH FL 32413 CITY-ST-ZIP TITLE □ Delete Change ☐ Addition BARRON, CARLTON K NAME NAME 2329 MOUND AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.