
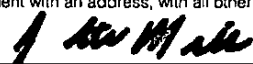


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90119 042 \*\*\*150.00

<b>DOCUMENT # P97000048443</b> 1. Entity Name <b>BARON CAPITAL LXII, INC.</b>					
Principal Place of Business <b>GROVE AT LAKELAND SQUARE 3570 U S HWY 98 N LAKELAND, FL 33809 US</b>			Mailing Address <b>GROVE AT LAKELAND SQUARE 3570 U S HWY 98 N LAKELAND, FL 33809 US</b>		
2. Principal Place of Business <b>109 West Commercial St.</b>		3. Mailing Address <b>109 West Commercial St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sanford, Florida</b>		City & State <b>Sanford, Florida</b>		4. FEI Number <b>31-1580950</b>	
Zip <b>32771</b> Country <b>USA</b>		Zip <b>32771</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BARCAP REALTY SVC., GROUP, INC. GROVE AT LAKELAND SQUARE 3570 U S HWY 98 N LAKELAND, FL 33809</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Barcap Realty Services Group, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 West Commercial Street</b> City <b>Sanford</b> <b>FL</b> Zip Code <b>32771</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYDELL, JEROME S</b> <input type="checkbox"/> Delete <b>3570 US HWY 98 N</b> <b>LAKELAND, FL 338093840</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Rydell, Jerome S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>109 West Commercial Street</b> <b>Sanford, Florida 32771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MILLER, J. STEPHEN</b> <input type="checkbox"/> Delete <b>3570 US HWY 98 N.</b> <b>LAKELAND, FL 338093840</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Miller, J. Stephen</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>109 West Commercial Street</b> <b>Sanford, Florida 32771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>APR 29 2005</b> <b>407-688-7790</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		