


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000055191		
1. Entity Name BARRY TARACKS, P.A.		

Principal Place of Business 4830 W. KENNEDY BLVD. STE. 750 TAMPA, FL 33609	Mailing Address 4830 W. KENNEDY BLVD. STE. 750 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HUNERS, NANCY J 4830 W. KENNEDY BLVD. STE. 750 TAMPA, FL 33609	
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04292004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3454122	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

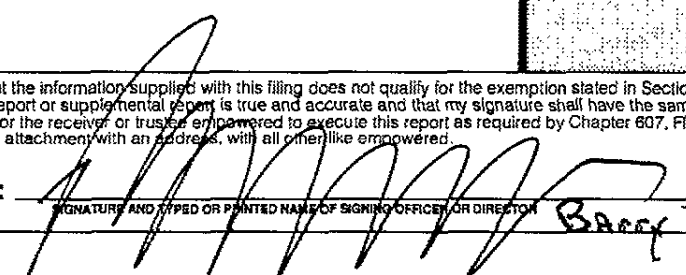
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARACKS, BARRY 1737 LONG BOW LANE CLEARWATER, FL 33764
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05/04/04-80080-020 158.75

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:  **Barry Taracks - President** **4-30-04** **03-28-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR