

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90119 038 \*\*\*150.00

**DOCUMENT # P98000095117**

1. Entity Name  
**BARON CAPITAL OF FLORIDA, INC.**



Principal Place of Business  
**GROVELAND AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND, FL 33809**

Mailing Address  
**GROVELAND AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND, FL 33809**

40080200



2. Principal Place of Business  
**109 West Commercial St  
Suite, Apt. #, etc.**

3. Mailing Address  
**109 West Commercial St.  
Suite, Apt. #, etc.**

04202005 Chg-P CR2E034 (10/03)

City & State  
**Sanford, Florida**

City & State  
**Sanford, Florida**

4. FEI Number  
**31-1626979**

Applied For  
Not Applicable

Zip  
**32771**

Country  
**USA**

Zip  
**32771**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARCAP REALTY SERVICES GROUP INC  
GROVELAND AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND, FL 33809**

**7. Name and Address of New Registered Agent**

Name **Barcap Realty Services Group, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**109 West Commercial Street**

City  
**Sanford**

**FL**

Zip Code  
**32771**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **RYDELL, JEROME S**  
STREET ADDRESS **3570 US HWY 98 N**  
CITY-ST-ZIP **LAKELAND, FL 338093840**

TITLE **V** ☐ Delete  
NAME **MILLER, J STEPHEN**  
STREET ADDRESS **3570 US HWY 98 N**  
CITY-ST-ZIP **LAKELAND, FL 338093840**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Change ☐ Addition  
NAME **Rydell, Jerome S**  
STREET ADDRESS **109 West Commercial Street**  
CITY-ST-ZIP **Sanford, Florida 32771**

TITLE **V** ☐ Change ☐ Addition  
NAME **Miller, J Stephen**  
STREET ADDRESS **109 West Commercial Street**  
CITY-ST-ZIP **Sanford, Florida 32771**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 2005

Date

407-688-7362

Daytime Phone #