2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000000398 02-14-2005 90070 008 ***150.00 1. Entity Name BARRON TELECOM, INC. Principal Place of Business Mailing Address PO BOX 43-2134 50014997 127D INDUSTRIAL RD. BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 2. Principal Place of Business 3. Mailing Address 31410 WARNER ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For BIG PINE KEY 80-0003945 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRON, MARK J Street Address (P.O. Box Number is Not Acceptable) 127D INDUSTRIAL RD. BIG PINE KEY, FL 33043 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture regured when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ☐ Addition Change TITI F Delete TITLE BARRON, MARK J. NAME BARRON, MARK J MAME Addiess 31410 WARNER ST. STREET ADDRESS 127D INDUSTRIAL RD. STREET ADDRESS CITY-ST-ZIP BIGPINE KEY FL 33042 CITY-ST-7P BIG PINE KEY, FL 33043 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 addressy with all other like empowered. SIGNATURE:

FILED

Feb 14, 2005 8:00 am