

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000074

**Entity Name:** BARNYARD GYM, INC.

**Current Principal Place of Business:**

2450 W FAIR ROAD  
PERRY, FL 32347

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**5174937675CC**

**Current Mailing Address:**

2450 W FAIR ROAD  
PERRY, FL 32347 US

**FEI Number: 46-4604117**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AGNER, BONNIE SUE  
2450 W FAIR RD  
PERRY, FL 32347 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GOBER, KEITH  
Address 2450 W FAIR RD  
City-State-Zip: PERRY FL 32347

Title SECRETARY, TREASURER  
Name AGNER, BONNIE SUE  
Address 2450 W FAIR RD  
City-State-Zip: PERRY FL 32347

Title PRESIDENT  
Name AGNER, ORRIN  
Address 2450 W FAIR RD  
City-State-Zip: PERRY FL 32347

Title DIR  
Name AGNER, KANDACE  
Address 2450 W FAIR RD  
City-State-Zip: PERRY FL 32347

Title DIR  
Name DUDLEY, KENNETH  
Address 2450 W FAIR RD  
City-State-Zip: PERRY FL 32347

Title DIRECTOR  
Name JOHNSON, CADE  
Address 2450 W FAIR ROAD  
City-State-Zip: PERRY FL 32347

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BONNIE SUE AGNER**

**SECRETARY  
BOOKKEEPER**

**01/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date