2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2015
Secretary of State
CC8312655098

DOCUMENT# P06000097137

Entity Name: BARNIE'S II, INC.

Current Principal Place of Business:

2420 LAKEMONT AVENUE, SUITE 160
ORLANDO, FL 32814

Current Mailing Address:

2420 LAKEMONT AVENUE, SUITE 160
ORLANDO, FL 32814

FEI Number: 20-5274698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GODBOLD, GENE
222 W. COMSTOCK AVE., STE 101
WINTER PARK, FL 32789 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	P	Title	VP
Name	SMIGA, JONATHAN	Name	PUGH, JAMES HJR
Address	2420 LAKEMONT AVE SUITE 160	Address	2420 LAKEMONT AVENUE SUITE 160
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814
Title	VPM	Title	SEC
Name	HARDY, SONYA	Name	JACOBY, GREG M
Address	2420 LAKEMONT AVENUE SUITE 160	Address	2420 LAKEMONT AVENUE SUITE 160
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814
Title	VP	Title	CFO
Name	RIVA, KYLE	Name	RELVINI, TRICIA
Address	2420 LAKEMONT AVENUE SUITE 160	Address	2420 LAKEMONT AVENUE SUITE 160
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814
Title	VP		
Name	UGUCCIONI, SCOTT		
Address	2420 LAKEMONT AVENUE, SUITE 160		
City-State-Zip:	ORLANDO FL 32814		

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA RELVINI CFO 02/24/2015

Electronic Signature of Signing Officer/Director Detail — Date