


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 242792</b> 1. Entity Name <b>BARCLAY HOUSE INC</b>	
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Principal Place of Business <b>715 N E FIRST CT DELRAY BEACH, FL 33483</b>	Mailing Address <b>715 N E FIRST CT DELRAY BEACH, FL 33483</b>
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01172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1004408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HOGAN, GLENNA 715 NE 1ST CT. #1-E DELRAY BEACH, FL 33483</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOODLEAF, WANDA K 215 NE 1ST CT #2C DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CRABTREE, RICHARD 715 NE 1ST CT. #2D DELRAY BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOGAN, GLENNA 715 NE 1ST CT. #1-D DELRAY BCH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T THISSE, AMY 715 NE 1ST CT #2A DELRAY BEACH, F;</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U00000665947  
03/23/07-80050-013 150.00**

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Glennda R. Hogan* **3-11-07** **561-243-8075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #