

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F16369

1. Entity Name
BARKAP, INC.



Principal Place of Business
**2011 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118-5007**

Mailing Address
**2011 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118-5007**



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2066979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAPPELMANN, PETER B.
2011 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118-5007**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submit(s) 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

1000000278004
03/28/05-80009-007 150.00

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **BARNEWOLD-KAPPELMAN P**
STREET ADDRESS **2011 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 321185007**

TITLE **D**
NAME **BARNEWOLD-KAPPELMAN M**
STREET ADDRESS **2011 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 321185007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 BORING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **KAPPELMANN** 3/28/05 386 252 1412