2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # F16369

1. Entity Name
BARKAP, INC.

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

DO NOT WRITE IN THIS SPACE

05192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2066979
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/22/06-80005-012 150.00

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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: Joseph Barnewold May 1st 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #