

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AEA)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 032 ***150.00

DOCUMENT # K73929

1. Entity Name

BARKSDALE'S HAMMOCK, INC.



Principal Place of Business

**20575 PARK AVE
DUNNELLON FL 34431**

Mailing Address

**PO BOX 1500
DUNNELLON FL 34430**



2. Principal Place of Business

11812 ILLINOIS ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Dunnellon FL

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34431

Country

marion

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, JOHN
20575 PARK AVE
DUNNELLON FL 34431**

7. Name and Address of New Registered Agent

Name

John Riley

Street Address (P.O. Box Number is Not Acceptable)

11812 ILLINOIS Street

City

Dunnellon

FL

Zip Code

34431

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

John A. Riley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete
NAME **SCROGGIN, JAMES A.**
STREET ADDRESS **1017 S.W. 93RD STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DST** ☐ Delete
NAME **RILEY, DONNA L**
STREET ADDRESS **12215 N. OAKLEAF TERRACE**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ Delete
NAME **RILEY, JOHN A**
STREET ADDRESS **20575 PARK AVE**
CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **James A. Scroggin**
STREET ADDRESS **1017 S.W. 93rd St.**
CITY-ST-ZIP **Gainesville FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Donna L Riley**
STREET ADDRESS **12215 N. Oakleaf Terrace**
CITY-ST-ZIP **Dunnellon FL**

TITLE **DIT** ☒ Change ☐ Addition
NAME **John A. Riley**
STREET ADDRESS **11812 ILLINOIS ST.**
CITY-ST-ZIP **Dunnellon FL 34431**

TITLE **S** ☐ Change ☒ Addition
NAME **Debona Towns**
STREET ADDRESS **20575 Park Ave.**
CITY-ST-ZIP **Dunnellon FL 34431**

TITLE **P** ☐ Change ☒ Addition
NAME **Robert Chesser**
STREET ADDRESS **632 Randolph Ct.**
CITY-ST-ZIP **Brinbridge Ga. 39819**

TITLE **VP** ☐ Change ☒ Addition
NAME **Lela Evens**
STREET ADDRESS **20327 The Granada**
CITY-ST-ZIP **Dunnellon FL 34432**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John A. Riley **John A. Riley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2006

Date

352-489-1086

Daytime Phone #