
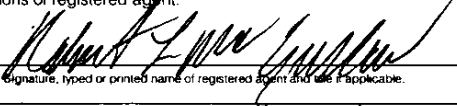



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90043 049 \*\*\*\*61.25

<b>DOCUMENT # N04000003947</b> 1. Entity Name <b>BARK PARK, INC.</b>					
Principal Place of Business <b>2441 US HIGHWAY 98 WEST SUITE 108 SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>2441 US HIGHWAY 98 WEST SUITE 108 SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1026092</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MCCULLAR, ROBERT CPA 2441 US HIGHWAY 98 WEST SUITE 108 SANTA ROSA BEACH, FL 32459</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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:  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ALFASSA, DEBORAH L</b> <b>PO BOX 2464</b> <b>SANTA ROSA BEACH, FL 32459</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Carlisle, Pat</b> <b>P.O. Box 1043</b> <b>Santa Rosa Beach, FL 32459</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BRENNAN, CAROL</b> <b>169 BLUE LUPINE WAY, #424</b> <b>SANTA ROSA BEACH, FL 32459</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Eckert, Richard</b> <b>405 Avalon Blvd</b> <b>Destin, FL 32550</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SCOTT, CHRIS</b> <b>126 SOUTH SHORE DRIVE #42</b> <b>MIRAMAR BEACH, FL 32550</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>McCullar, Robert</b> <b>104 Point Circle</b> <b>Santa Rosa Beach, FL 32459</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WHITE, KAREN</b> <b>182 MONTGOMERY STREET</b> <b>SANTA ROSA BEACH, FL 32459</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Robert L. McCullar</b>			Date: <b>1-16-2008</b> Daytime Phone #: <b>850.622.0888</b>		