

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000068279

1. Entity Name

THE SL BARKER CORPORATION



Principal Place of Business

6562 43RD AVE N
ST PETERSBURG, FL 33709

Mailing Address

6562 43RD AVE N
ST PETERSBURG, FL 33709



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2101387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKER, STEPHEN L
6562 43RD AVE N
ST PETERSBURG, FL 33709

**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

Stephen L Barker Stephen L Barker

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

(NOTE: Registered Agent signature required when reinstating)

3-20-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKER, STEPHEN L
STREET ADDRESS	6562 43RD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	PTD
NAME	BARKER, STEPHEN L
STREET ADDRESS	6562 43RD AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	VS
NAME	BARKER, SHARON L
STREET ADDRESS	6562 43RD AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen L Barker Stephen L Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06

DATE

727/546-7893

Daytime Phone #