

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-12-2004 90017 023 ***150.00

DOCUMENT # P03000128378

1. Entity Name

JAMES BARLEY DESIGN, INC.



Principal Place of Business

13160 122ND STREET
FELLSMERE FL 32948

Mailing Address

13160 122ND STREET
FELLSMERE FL 32948

2. Principal Place of Business

13160 122nd Street
Suite, Apt. #, etc.

3. Mailing Address

13160 122nd Street
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

FELLSMERE, FL

City & State

Fellsmere FL

4. FEI Number

83-0375601

Applied For

Not Applicable

Zip

32948

Country

USA

Zip

32948

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

13160 122nd Street

City

Fellsmere

FL

Zip Code

32948

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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
NAME BARLEY, JAMES
STREET ADDRESS 13160 122ND STREET
CITY-ST-ZIP FELLSMERE FL 32948

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/04

(301) 288-3414

Date

Daytime Phone #