

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90057 029 \*\*\*158.75

**DOCUMENT # P03000140970**

1. Entity Name

BARCLAY TASK FORCE, INC.



Principal Place of Business

2425 WHOOPING CRANE DRIVE  
DELEON SPRINGS FL 32130-4116

Mailing Address

2425 WHOOPING CRANE DRIVE  
DELEON SPRINGS FL 32130-4116

2. Principal Place of Business

68 Magnolia Ave

Suite, Apt. #, etc.

Ormond Beach

City & State

Ormond Beach, FL

Zip

32174

Country

U.S.A.

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0496400

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARCLAY, ANDREW P  
2425 WHOOPING CRANE DRIVE  
DELEON SPRINGS FL 32130-4116

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Andrew P. Barclay President

4/20/04

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete  
NAME BARCLAY, ANDREW P  
STREET ADDRESS 2425 WHOOPING CRANE DRIVE  
CITY-ST-ZIP DELEON SPRINGS FL 32130-4116

TITLE VD ☐ Delete  
NAME BARCLAY, CARRIE L  
STREET ADDRESS 68 MAGNOLIA AVENUE  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ST ☐ Delete  
NAME BARCLAY, JOYCE B  
STREET ADDRESS 2425 WHOOPING CRANE DRIVE  
CITY-ST-ZIP DELEON SPRINGS FL 32130-4116

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Andrew P. Barclay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04

386 736 6517