

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

DOCUMENT # P03000140970

1. Entity Name

BARCLAY TASK FORCE, INC.



03-31-2005 90124 001 ***150.00

03-31-2005 90124 002 *****8.75

Principal Place of Business

68 MAGNOLIA AVE.
ORMOND BEACH FL 32174

Mailing Address

2425 WHOOPING CRANE DRIVE
DELEON SPRINGS FL 32130-4116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ 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 Vice President ☒ Change ☐ Addition
NAME Not a Director
STREET ADDRESS Same Otherwise
CITY-ST-ZIP

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

TITLE Vice President ☐ Change ☒ Addition
NAME Robert C Barclay
STREET ADDRESS 2425 Whooping Crane Drive
CITY-ST-ZIP DeLeon Springs, FL 32130-4116

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

3-27-05

Date

386-547-

3238

Daytime Phone #