

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # P03000140970

1. Entity Name
BARCLAY TASK FORCE, INC.



Principal Place of Business
**68 MAGNOLIA AVE.
ORMOND BEACH, FL 32174**

Mailing Address
**2425 WHOOPING CRANE DRIVE
DELEON SPRINGS, FL 32130-4116**



05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0496400	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

**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 _____

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCLAY, ANDREW P 2425 WHOOPING CRANE DRIVE DELEON SPRINGS, FL 321304116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARCLAY, CARRIE L 68 MAGNOLIA AVENUE ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARCLAY, JOYCE B 2425 WHOOPING CRANE DRIVE DELEON SPRINGS, FL 321304116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARCLAY, ROBERT C 2425 WHOOPING CRANE DRIVE DE LEON SPRINGS, FL 32130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/29/07-80036-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-07