


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014388	
1. Entity Name THE MK BARKER CORP.	

Principal Place of Business 569 5 AVE SOUTHEAST LARGO, FL 33771	Mailing Address 569 5 AVE SOUTHEAST LARGO, FL 33771
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02232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0099424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKER, MELISSA C 569 5TH AVE SE LARGO, FL 33771
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**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 Melissa C Barker melissa C Barker 3/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT BARKER, MELISSA C 569 5 AVE SOUTHEAST LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, SHARON L 569 5 AVE SOUTHEAST LARGO, FL 33771
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04/13/06-80055-022 150.00

**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: Melissa C Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/06 7271588-0160
DATE DAYTIME PHONE #